EXHIBIT BB

Page 1

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF WEST VIRGINIA CHARLESTON DIVISION

IN RE: ETHICON, INC. PELVIC Master File No. REPAIR SYSTEM PRODUCTS 2:12-MD-02327 LIABILITY LITIGATION

MDL No. 2327

This Document Relates to

JOSEPH R. GOODWIN U.S. DISTRICT JUDGE

Plaintiff:

Barbara Kaiser Case No. 2:12-cv-00887

DEPOSITION OF MARIA A. ABADI, MD

Thursday, March 31st, 2016

10:27 a.m.

Held At:

Butler Snow

1700 Broadway

New York, New York

REPORTED BY:

Maureen O'Connor Pollard, RMR, CLR, CSR

Golkow Technologies, Inc. - 1.877.370.DEPS

	Page 2		Page 4
1	APPEARANCES:	1	PROCEEDINGS
2		2	TROCEEDINGS
3	FOR THE PLAINTIFF:	3	MARIA A. ABADI, MD,
4	THOMAS O. PLOUFF, ESQ. (Via speakerphone)	4	having been first duly sworn, was examined and
5	COSTELLO, MCMAHON BURKE & MURPHY, LTD	5	testified as follows:
6	150 N. Wacker Drive	6	DIRECT EXAMINATION
7	Chicago, Illinois 60606	7	BY MR. PLOUFF:
8	312-541-9700	8	Q. Please state your name.
9	tplouff@costellaw.com	9	A. Maria A. Abadi.
10		10	Q. And you are Ethicon's expert
11 12	FOR THE DEFENDANT:	11 12	pathologist in this case, is that right?
13	PHILIP J. COMBS, ESQ.	13	A. Yes, that is correct.
14	THOMAS COMBS, ESQ. THOMAS COMBS & SPANN, PLLC	14	Q. What do you perceive your role to be as an expert witness?
15	PO Box 3824	15	A. Okay. My role is to assess the
16	Charleston, West Virginia 25338-3824	16	pathology of Ms. Kaiser, to examine in this
17	304-414-1805	17	particular case, I examined the tissues, I
18	pcombs@tcspllc.com	18	processed some of the tissues, and I performed a
19		19	microscopic evaluation. I was also in charge of
20		20	reviewing Dr. Iakovlev's report, and to give my
21		21	opinions as to his report.
22		22	Q. And when you say that one of the
23		23	things you are to do is to assess Mrs. Kaiser's
24		24	tissue, that has to be done in a fair manner, is
25		25	that right?
	Page 3		Page 5
1	INDEX EVANDATION PAGE	1	A. Yes, with the proper pathologic
2	EXAMINATION PAGE MARIA A. ABADI, MD	2	methodology.
4	BY MR. PLOUFF 4	3	Q. Right.
5	BY MR. COMBS 92	4	And in this case your job was to
6	BY MR. PLOUFF 99	5 6	report what you saw in the Kaiser tissue, and that would be factual in nature, is that right?
7 8		7	A. That is correct.
9	EXHIBITS	8	Q. If there were changes due to mesh, you
10	NO. DESCRIPTION PAGE	9	would report that, correct?
11	1 Dr. Iakovlev's Report titled	10	A. Yes. If I saw any changes that were
12	Clinico-Pathological Correlation of Complications Experienced by	11	related to the mesh, yes, I had absolutely
	Ms. Barbara Kaiser 32	12	had to report that.
13		13	Q. Okay. Obviously I have your written
	2 Farm and an Eigenman 40	14	report on the Kaiser matter. It is a well, I
	2 Four color figures48		
14	•	15	notice the pages not numbered now that I have
	Five sheets of notes	15 16	notice the pages not numbered now that I have looked at it, but it is a six-page report dated
14 15 16	•	15 16 17	notice the pages not numbered now that I have looked at it, but it is a six-page report dated March 16th, 2016. And you issued that report,
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2 (Pages 2 to 5)

	Page 6		Page 8
1	written report?	1	though I had started writing some notes it
2	A. That is correct.	2	didn't come to pass, so I did not discuss the
3	Q. Okay. Who contacted you regarding the	3	findings with anybody.
4	Kaiser case?	4	Q. Okay. When did you look at
5	A. Who contacted me?	5	Mrs. Kaiser's tissue for the first time?
6	Q. Yes.	6	A. So I don't have the chain of custody
7	A. It was Mr. Andrew Snowden from Butler	7	with me, but I was sent some of her tissues. I
8	Snow.	8	believe it was at the beginning of this year.
9	Q. And when was that?	9	Q. Where do you have you don't have
10	A. It was about the same time as the	10	the chain of custody in your black binder?
11	other cases. I would say the end of 2015.	11	A. No, it's not included in the black
12	Q. Okay. When he contacted you initially	12	binder.
13	about any cases, I mean, did he talk to you	13	Q. Okay. I mean, how many chain of
14	about any one particular case, or just in	14	custody forms do you have?
15	general whether you would be an expert witness	15	A. Oh, I have many chain of custody
16	for Ethicon?	16	forms.
17	A. Yes, it was in a general manner, not	17	Q. No, I'm talking about for Ms. Kaiser's
18	specifically to any case.	18	case.
19	Q. Is that the first time that you had	19	A. Well, yes, there were several, too,
20	ever talked to Mr. Snowden?	20	because some you know, they sent every
21	A. No. I spoke to him in the summer of	21	time they send me a chain of custody form, it
22	2015 just in general, and he gave me a case	22	would have the copies of the other people that
23	initially that I eventually I did not perform	23	had the, you know, the tissues at one point or
24	the review. And then after that he contacted me	24	another.
25	for these cases. And it was always in a general	25	Q. Okay. You don't have a way to produce
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	Page 7		Page 9
1	Page 7	1	Page 9
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Page 10 Page 12 (Off the record discussion.) 1 1 the report as to that, that it was placed in 2 2 MR. COMBS: So we're back on the formalin for fixation, which it is not -- is not 3 3 present in the report, so I really don't know if record. 4 4 BY MR. PLOUFF: the pathologist at Northwestern put the tissue 5 5 Q. And my next question is, when did you in formalin or if it was sent somewhere else and 6 6 first look at Dr. Iakovlev's report on then upon arrival placed in formalin. 7 7 Mrs. Kaiser? Q. And if you wanted to determine when it 8 A. Okay. It was after I had already 8 was placed in formalin, how would you go about 9 9 processed my part of her tissues and done my figuring that out? 10 microscopic evaluation. 10 A. Oh, I don't know. It would have to be 11 11 Q. The tissue that you looked at for based on in your records. I don't know where 12 Mrs. Kaiser, did it appear to be preserved 12 the tissue was sent to, and I don't know if 13 13 properly? they, you know, have any notes as to when the 14 14 A. Well, it was sent informally, but tissue was placed in formalin. 15 similar to Mrs. Wroble, I don't know what was 15 Q. Okay. When you say it's "placed in 16 16 formalin for fixation," what does that "for the time -- the fixation time, in other words, 17 when was the tissue placed in formalin in the 17 fixation" mean? 18 18 first place. A. That means that you have what is 19 Q. Would that affect the results at all? 19 pre-prepared containers with buffered formalin, 20 A. Absolutely. You know, if you have the 20 that's formaldehyde 10 percent, and they come 21 21 tissues just in a container without any fixative pre-prepared, so what the pathologists do in 22 22 they will dry and they will shrink, so yes, it these cases is that they describe them, and then 23 23 affects the preservation of the tissues. they place the tissue in these formalin 24 Q. I mean, did you see any evidence of 24 containers. But in pathology we also have empty 25 drying or shrinkage? 25 containers, so it's possible they put in an Page 11 Page 13 1 A. Oh, yes, there is -- in all these 1 empty container as opposed to a form -- a 2 cases, there is some degree of some shrinkage. 2 prefilled formalin container. 3 In part it's due to -- perhaps in this case, 3 Q. And what does the term -- what does 4 which I don't know what was the -- what we call 4 the phrase "for fixation" mean? 5 the ischemic time, meaning the time from when 5 A. Fixation means that you stop the 6 6 the tissue is excised to the time when it's put ischemic time. "Ischemic time" means when you 7 7 in formalin, it affects that. But also the excise the tissue you cut off blood supply, and 8 8 formalin itself can cause shrinkage. therefore, the tissue starts to degrade. So 9 Q. So how would you go about determining 9 when you fix it means you basically fix that 10 10 whether -- well, let me ask you this. process, you -- to put a stop to it so the 11 Do you have an opinion in terms of 11 tissue doesn't continue to degrade. And you can what period of time -- well, no, let me rephrase 12 look at it with -- in the microscope, and you 12 13 13 will see that it is preserved. 14 Typically for a mesh sample like this, 14 Q. Do you have any opinion when it comes 15 will a hospital pathologist put it in formalin, 15 to Mrs. Kaiser's tissue, and let's assume that or will it come to them in formalin from the 16 it wasn't in formalin when the hospital 16 17 pathologist looked at it, how much time would 17 operating room? 18 A. Right. In this particular case, if 18 have to elapse between that pathologist looking you see the pathology report dated November 13, 19 19 at it and it being placed in formalin for any of 20 2013, you would see that the specimen came 20 the shrinkage to be due to that period of time? 21 21 fresh, so it was not placed in formalin. A. Well, I really don't know. I cannot Q. Okay. And is there -- will a hospital 22 22 based on her tissues assess the ischemic time, 23 pathologist after taking a look at the fresh 23 but I can tell you -- you know, exactly. But I 24 sample typically put it in formalin? 24 can tell you that her tissues were preserved, in 25 25 A. Yeah, but I would expect some note in fact. You could evaluate them with no problem.

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Page 14 Page 16 1 1 So I don't assume that the ischemic time -- the you can have fibroconnective tissue not put in 2 2 formalin for days and sometimes even months and ischemic time in this particular -- in 3 3 Ms. Kaiser was very prolonged. nothing would happen. 4 4 Q. And what do you mean by "not very And the reason why I'm saying to you 5 5 prolonged"? that I think it's less than 24 hours is because 6 6 A. Well, when you see degeneration, you I could see the inflammatory cells, I could see 7 7 see a lot of autolysis in the tissues, you know, the vessels, so they were actually well 8 the inflammatory cells start to look very 8 preserved, so my opinion is that it had to be 9 9 distorted, because the lymphocytes in particular less than 24 hours. Now, to give you an exact 10 are very fragile. So any autolysis that occurs, 10 time before that, I cannot. 11 11 meaning degradation to the tissue due to lack of Q. Do you think that if the tissue was 12 12 fixation, you would see that. placed in the formalin after 12 hours that you 13 So if you have a pre-machine type 13 would be able to see the inflammatory cells in 14 14 specimen where the blood vessels are healthy the vessels? 15 where you can assess the quality of the 15 A. Yes, you could see inflammatory cells, 16 16 connective tissue of the inflammatory cells, but you can also see areas were -- are not so 17 then that's a well-preserved specimen. 17 well preserved. So you would see, for example, 18 18 some what we call crushing artifact, you know, Q. So, I mean, when you use the term "not a very prolonged amount of time," you know, does 19 19 where -- or streaming artifact. You will see 20 that mean within hours, within days, within 20 some artifactual distortion. 21 21 Q. And did you see artifactual distortion months? 22 22 A. Right. here? 2.3 23 Q. Can you be any more specific on that? A. I may have. I don't have it in my 24 A. Sorry, yes. You know, basically if 24 notes, so it was probably something that I could 25 you let tissue stand for too long without any 25 dismiss. There are certain artifacts in Page 15 Page 17 1 preservation, it will start to autolyze. There 1 pathology that pathologists are used to look at, 2 are certain tissues that degrade much rapidly. 2 and basically you just disregard them. 3 In other words, for example, liver or kidney or 3 Q. So is it artifactual distortion can be 4 certain tissues, they degrade pretty fast. And 4 seen in a situation where there's been some 5 there are others, like connective tissue, that 5 period of time that's gone by before the tissue 6 6 degrade much slower. And, for example, if you is placed in the formalin? 7 7 have collagen, it may be preserved for longer. A. Yes. You know, every time you don't 8 8 So that means days. fix a tissue right away, it might cause some 9 Q. Okay. And the -- you know, if you're 9 form of distortion. I mean, distortion is 10 10 speaking to another pathologist, some of these caused by many factors, not just the fixation. 11 phrases might mean something like not very 11 It is also caused by the processing of the prolonged or too long or pretty fast, but to me 12 12 tissue itself. 13 I'm trying to get a better handle on the time 13 Q. I mean, can you -- given the fact that 14 frame here. I mean, do you have an opinion that 14 you could see the inflammatory cells in the 15 this tissue was placed in formalin within 15 vessels, can you say that this tissue was placed 16 24 hours of the pathologist looking at it? 16 in the formalin within 18 hours of the -- within 17 17 A. Yeah, based on the preservation, my 18 hours? 18 estimate is that, yes, that it was probably 18 A. Yes. Likely, yes. It is 19 19 placed before 24 hours. well-preserved, so I would expect that the 20 Q. Can you say whether it was placed 20 tissue was placed in formalin even at the time 21 21 within four hours? -- after the pathologists initially performed 22 their evaluation at Northwestern. 22 A. No, I cannot give you that time frame, 23 because I really -- I really don't know, because 23 Q. Oh, okay. So you're saying that from 24 the -- for the most part, this is 24 all -- you have no reason to suspect that the 25 25 fibroconnective tissues, and I said to you that tissue was not placed in the formalin

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Page 18 Page 20 immediately after the pathologists looked at it, 1 1 Q. And when you're referring to "ischemic 2 2 is that right? time," does that time start when the tissue is 3 A. Correct. Yes. 3 explanted from the body? 4 4 Q. Okay. And so the -- you know, given A. Correct, because once you cut off the 5 5 the fact that it appears that the tissue was blood supply, once you cut in the, you know, the 6 6 immediately placed in the formalin, do you think nourishment of the tissues, then the tissues 7 7 that if there was any shrinkage of the mesh it start to degrade. That's known, because 8 could be due to the delay in placing the tissue 8 obviously you don't have the support system. 9 9 in the formalin? It's just like when you have, you know, a skin 10 A. Well, as I --10 wound, you see that, you know, once it detaches 11 11 MR. COMBS: Object to form. from the blood supply it's dead, dead skin. 12 12 A. Sorry. Should I... It's the same concept. 13 13 MR. COMBS: Yes. No, you can answer. Q. Do you have an opinion as to whether, 14 A. Yes, there are certain things that can 14 you know, any -- as to what extent Mrs. Kaiser's 15 be due to the time, what I said, the ischemic 15 tissue shrink was due to ischemic time? 16 16 time, or it could be the formalin itself. A. Well, first of all, I don't know if 17 because formalin is known to shrink tissue as 17 she had any ischemic time. We just talked about 18 18 that. We don't know for how long the tissue was well 19 BY MR. PLOUFF: 19 not placed in formalin, so I cannot have an 20 Q. Okay. And do you know, shrink tissue 20 opinion as to whether her ischemic time caused 21 21 or shrink mesh? shrinkage because I really don't know what time 22 22 she -- this tissue was placed in formalin. A. No. shrink tissues. 2.3 23 Q. Okay. Did you see any shrinkage of The only thing I can tell you is that 24 the mesh in Ms. Kaiser's case? 24 based on the preservation of the tissues, I 25 A. Well, there's no shrinkage of mesh. 25 assume that after the pathologists looked at Page 19 Page 21 1 The mesh is embedded in this fibrous tissue, and 1 this tissue, they placed it immediately in 2 the fibrous tissue is the one that actually 2 formalin. And I receive it in formalin, so 3 shrinks and contracts. The mesh in itself is 3 there is no reason for me to believe that it 4 just embedded into it. It's just a framework. 4 wasn't done right away. 5 What shrinks or, you know, or remodels is the 5 Q. And, you know, this is just due to my 6 6 collagen that it's ingrown into -- it's ignorance on the subject of ischemic time, but 7 7 incorporated into that mesh. it appears to me that, you know, even if it was 8 8 Q. How long would the ischemic time have placed in the formalin immediately by a 9 to be for the tissue to contract due to the 9 pathologist, there would still be some period of 10 amount of ischemic time? 10 time that elapsed between when it was explanted 11 A. As I said, it depends on the tissues. 11 from Mrs. Kaiser and when the pathologist looked 12 12 It depends on what kind of tissues -at it, and wouldn't that qualify as ischemic 13 Q. On Ms. Kaiser's --13 time? 14 A. Right. The problem with this case is 14 A. Yes, that's right. The problem is 15 that not only you have fibroconnective tissue, 15 that sometimes, let's say you have an excision, but you can also have surrounding adipose 16 right, an excision occurs in the operating room, 16 17 tissue, and that tends also to shrink. then that tissue obviously has to be sent to 17 18 Q. My question simply had to do with, you 18 pathology. The time of transportation is taken 19 19 know, how much ischemic time would there have to into account. Then we don't know -- let's say 20 be to cause any shrinkage of the tissue in 20 the surgery occurs late in the day, may not be 21 21 Mrs. Kaiser's case? delivered to the pathology laboratory until the 22 A. I cannot give you an exact time. It 22 following day, it may be placed in a 23 could be days or it could be weeks, I don't 23 refrigerator. You know, there are so many other 24 know. As I said to you, collagen usually takes 24 variables that come into play with this, so it 25 25 time to degrade, so... depends --

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Page 22 Page 24 1 1 Q. Is it evident -pathologist like yourself, are you ever asked by 2 2 A. I'm sorry. a treating doctor if there's anything in the 3 3 tissue that you examine that could cause pain? -- it depends on what time -- we would 4 4 have to look at the collection time in the A. Yes, we have -- we have been -- yes, 5 medical system, and then the accession time or 5 pathologists like myself have -- request 6 6 receiving time in the laboratory to really sometimes of what could possibly cause the pain 7 7 assess ischemic time. in a patient, yes. 8 8 Q. Okay. And do you have any opinion as Q. Give me some examples of that, if you 9 9 to whether or not the period of time that would. 10 elapsed between when the specimen was collected 10 A. For example, if you have -- if the 11 11 in Ms. Kaiser's case and when the pathologist clinician suspects any form of inflammation in 12 12 looked at it, whether that ischemic time caused the colon, for example colitis, then you have --13 13 any shrinkage of tissue? you know, if they think that that's the source 14 14 A. Based on the appearance of the of the pain, then, you know, you're asked to 15 tissues, I do not believe that the ischemic time 15 give an opinion as to whether there is 16 16 was of relevance here, and -inflammation, how severe it is, and if it really 17 Q. Okay. So you don't think that any of 17 affects, you know, the main aspects of the 18 the shrinkage of the tissue was due to ischemic 18 tissue, like, for example, glands. 19 time in Ms. Kaiser's case, is that correct? 19 So you -- there are many ways to go 20 A. Correct. Right. 20 around pain. It depends on the pain, and it 21 21 Q. And then turning to the formalin depends on the findings on the histology. And 22 22 aspect of this, do you have any opinion whether many times, and oftentimes, you know, the 23 23 the formalin caused a shrinkage of the tissue? clinician thinks there is pain -- not thinks 24 A. Yes, formalin always causes shrinkage 24 there is pain, no, that the patient reports 25 of tissue. Always. 25 pain, the physician feels that there's pain in a Page 23 Page 25 1 Q. Can you quantify that in any way? 1 certain area, but the histology doesn't show the 2 A. Yes, it's about -- the range is 2 changes. 3 usually between 4 to 10 percent of the tissue 3 Q. And in that situation do you accept 4 volume. 4 that the patient can still have pain regardless 5 Q. Okay. You reviewed the records of the 5 of the histology not supporting it? 6 б explanting physician, Dr. Lisa Johnson, is that A. That is correct, yes. That -- the 7 7 fact that you don't see it in histology doesn't right? 8 8 A. Yes, I did. rule the symptom -- doesn't rule out that the 9 Q. And what is your understanding as to 9 patient has pain. 10 why Dr. Johnson removed some of Mrs. Kaiser's 10 Q. And other than -- I found your colon 11 Prolift mesh? 11 example very interesting. Any other examples 12 where, in other organs, where you're sometimes 12 A. Okay. Well, what I saw in the records 13 is that she was having several complaints. She 13 asked by a treating doctor whether the tissue 14 14 was having complaints of pain during would be corroborative of pain? 15 intercourse, she was having complaints of pain 15 A. Yes. For example, in many other 16 while she was sitting, standing, walking. She 16 organs, like, for example, bone, you know, if 17 17 was having bladder spasms, groin pain. And then the, you know, patient experiences, let's say, 18 when they did -- when Dr. Johnson examined her, 18 pain at night, then the doctor, you know, 19 she found that she could palpate the vaginal 19 believes the pain is caused, for example, by a 20 mesh, and that there was any stricture, and she 20 tumor, then you obviously look for the cause of 21 21 that had tenderness in the area. So I guess that pain. And if you find tumor, that's the 22 with the vaginal stricture and her pains, they 22 likely cause of the pain in that patient. 23 just -- and the palpation of the mesh that they 23 Q. So the colon, the bone, other 24 decided to explant the mesh. 24 examples --25 25 Q. Are you -- just in general, a A. Oh, no, there are many examples. You

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Page 26 Page 28 1 1 know, every -- you know, different organs and you, you can have colon, you can have bone, you 2 2 can have bladder. If you have urothelium in the different tissues can give you information as to 3 whether there is pain or not, except that there 3 bladder, you can have it in soft tissues. I 4 4 are some times when, you know, the patient mean, there are many organs where you can find a 5 experiences pain, but you cannot definitely 5 source of pain. 6 6 correlate it or you cannot correlate it at all. BY MR. PLOUFF: 7 7 Q. Okay. So just in terms of like, I was Q. So there are many different organs 8 going to ask you the top five in terms of 8 where physicians had asked you whether the 9 9 situations as a pathologist where you've been tissue sample from that organ could be 10 asked by a treating doctor whether what you were 10 corroborative of a complaint of pain, is that 11 looking at in a tissue sample could cause pain, 11 right? 12 I assume a couple in the five would be the colon 12 A. Yes, that is correct. 13 13 and the bone. Is there anything that you could Q. Have there been any situations you've 14 14 add to that that would round out the top five? been in, not as an expert witness, but as a 15 A. Well --15 treating pathologist, where you've been asked by 16 16 MR. COMBS: And -a treating physician whether any tissue you 17 17 looked at from the vagina could be a cause of A. I'm sorry. 18 18 MR. COMBS: And objection to the form. complaint of vaginal pain? 19 But also, Tom, I mean, obviously this is totally 19 MR. COMBS: Object to form. 20 a general deposition, and Dr. Abadi got deposed 20 A. No. Normally for the vagina, the 21 21 on general cause issues and her general report requests are a little different. 22 22 on Tuesday, so this is supposed to be a BY MR. PLOUFF: 2.3 23 deposition focusing on Ms. Kaiser. Q. Okay. 24 MR. PLOUFF: Right. And because 24 A. So, in other words, you know, mostly 25 Ms. Kaiser has complaints of pain, I think it's 25 when a doctor conducts a biopsy of the vagina, Page 27 Page 29 1 an appropriate area of inquiry. 1 it's usually to look for other things. 2 BY MR. PLOUFF: 2 Q. Okay. You know that, in terms of the 3 Q. So go ahead, Doctor. 3 mesh that was implanted in Mrs. Kaiser, that it 4 A. Well, I wouldn't -- it's not based on 4 was Prolift mesh, is that right? 5 organs, it's based on etiology. In other words, 5 A. Yes, that is correct, that's what I б you know, when the doctors, you know, request or б have in my records. 7 7 they are concerned about pain in a patient, they Q. Were all five of your reports on 8 are not -- it's not about the organ in itself, 8 Prolift mesh? 9 it's about what could cause that pain, what --9 A. No. I had Gynecare mesh, Gynemesh, 10 if you can find a cause to that pain. And 10 Prolene Soft. 11 sometimes, as I said, you cannot. 11 Q. How many were for mesh for pelvic And so what you would look for is --12 organ prolapse repair? 12 13 as I mentioned in my general deposition, you 13 A. I think there were five. 14 would look for causes of pain like ulceration, 14 Q. Okay. And do you know whether in all 15 like infection, like acute inflammation, like 15 five cases that the -- that an indication for 16 necrosis, or more often than not in our the removal of mesh was pain? 16 17 17 MR. COMBS: Object to form. practice, neoplasms. 18 Q. Right. And I understand that from 18 A. If in all five it was for pain? Is 19 19 your general deposition, but I'm asking you if that --20 you can simply give me the top five situations 20 BY MR. PLOUFF: 21 21 that you've experienced with treating physicians Q. Yes. 22 where you were asked whether the tissue would 22 MR. COMBS: Yes. And also just object 23 support a claim of pain. 23 again. I mean, this is not a question about 24 MR. COMBS: Object to form. 24 Ms. Kaiser's case. 25 MR. PLOUFF: Well, it relates to her 25 A. Well, you can have -- as I said to

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	Page 30		Page 32
1	credibility on Mrs. Kaiser's case.	1	well, did you say your billing rate was \$500 an
2	BY MR. PLOUFF:	2	hour?
3	Q. Go ahead, Doctor.	3	A. Yes. That is correct, yes.
4	A. Okay. So the patients in all five	4	Q. And is that the same for whether
5	in all of those five cases, they have different	5	you're reviewing the records or giving
6	complaints, among them was pain, but the pain	6	deposition or trial testimony?
7	was in different ways. I mean, pain either by	7	A. Yes.
8	dyspareunia or spasm or, you know, different	8	Q. Okay. Now, I want to go through
9	types of pain.	9	Dr. Iakovlev's report with you, and I
10	Q. Okay. But a common thread that ran	10	think the
11	through the five mesh cases you reported on is	11	MR. PLOUFF: If I could have the
12	that there was a complaint of pain in some	12	reporter mark that as Exhibit 1.
13	respect that gave rise to the explant of the	13	(Whereupon, Abadi Exhibit Number 1,
14	mesh, is that correct?	14	Dr. Iakovlev's Report titled
15	MR. COMBS: Object to form.	15	Clinico-Pathological Correlation of
16	A. Yes, in the cases that I reviewed,	16	Complications Experienced by Ms.
17	yes, the complaint of pain was one of the	17	Barbara Kaiser, was marked for
18	factors that were taken into account for the	18	identification.)
19	removal of the mesh.	19	MR. PLOUFF: It's a 29-page report.
20	BY MR. PLOUFF:	20	A. I think it's already been marked.
21	Q. Okay. How many hours have you put	21	BY MR. PLOUFF:
22	into Mrs. Kaiser's case?	22	Q. Okay. So turning to Page 10 of that
23	A. Ms. Kaiser was about, I would say,	23	report, do you see where there's a Figure BK1?
24	30 hours.	24	A. Yes, I see that.
25	Q. Did you have you have you billed	25	Q. Now, do you have a picture of the
	Page 31		Page 33
1	for that time yet?	1	gross specimen before division that's comparable
2	A. Well, I have a basically general bill	2	to this, or not?
3	that included, you know, all five cases and also	3	A. No, I don't.
4	my general report. It's not itemized.	4	Q. Okay. And you accept the fact that
5	Q. Was that bill marked as an exhibit	5	what's depicted here in Figure 1 is the picture
6	during your general deposition the other day?	6	of the gross specimen of the mesh and tissue
7	A. No. I brought it, but it wasn't	7	that was explanted by Dr. Johnson for
8	marked.	8	Mrs. Kaiser, is that right?
9	Q. Okay. Do you have it with you today?	9	A. Yes, I assume that this was before the
10	A. No, I did not because I didn't I	10	division took place. Right?
11	wasn't asked during my general deposition. I	11	Q. Okay. Yes.
12	didn't bring it today.	12	A. Yes.
13	Q. Sure. Do you have have you put any	13	Q. All right. And you accept that all of
	time since you issued that bill, have you put	14	the figures of mesh and tissue that are depicted
14			
15	in any additional time into your Ethicon work?	15	in Pages 11 to 29 of Dr. Iakovlev's report are
15 16	in any additional time into your Ethicon work? A. Yes, but I haven't submitted any	15 16	in Pages 11 to 29 of Dr. Iakovlev's report are from pertain to Mrs. Kaiser, is that correct?
15 16 17	in any additional time into your Ethicon work? A. Yes, but I haven't submitted any additional time. But I have, yes.	16 17	in Pages 11 to 29 of Dr. Iakovlev's report are from pertain to Mrs. Kaiser, is that correct? A. Let me see.
15 16 17 18	in any additional time into your Ethicon work? A. Yes, but I haven't submitted any additional time. But I have, yes. Q. And do you have an estimate of the	16 17 18	in Pages 11 to 29 of Dr. Iakovlev's report are from pertain to Mrs. Kaiser, is that correct? A. Let me see. (Witness reviewing document.)
15 16 17 18 19	in any additional time into your Ethicon work? A. Yes, but I haven't submitted any additional time. But I have, yes. Q. And do you have an estimate of the additional time range?	16 17 18 19	in Pages 11 to 29 of Dr. Iakovlev's report are from pertain to Mrs. Kaiser, is that correct? A. Let me see. (Witness reviewing document.) A. Yeah, I assume that he took all these
15 16 17 18 19 20	in any additional time into your Ethicon work? A. Yes, but I haven't submitted any additional time. But I have, yes. Q. And do you have an estimate of the additional time range? A. Yes, I gave it on Tuesday. My	16 17 18 19 20	in Pages 11 to 29 of Dr. Iakovlev's report are from pertain to Mrs. Kaiser, is that correct? A. Let me see. (Witness reviewing document.) A. Yeah, I assume that he took all these pictures from Ms. Kaiser's tissues.
15 16 17 18 19 20 21	in any additional time into your Ethicon work? A. Yes, but I haven't submitted any additional time. But I have, yes. Q. And do you have an estimate of the additional time range? A. Yes, I gave it on Tuesday. My original	16 17 18 19 20 21	in Pages 11 to 29 of Dr. Iakovlev's report are from pertain to Mrs. Kaiser, is that correct? A. Let me see. (Witness reviewing document.) A. Yeah, I assume that he took all these pictures from Ms. Kaiser's tissues. BY MR. PLOUFF:
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15 16 17 18 19 20 21 22 23	in any additional time into your Ethicon work? A. Yes, but I haven't submitted any additional time. But I have, yes. Q. And do you have an estimate of the additional time range? A. Yes, I gave it on Tuesday. My original Q. Don't worry about it then. Don't worry about it.	16 17 18 19 20 21 22 23	in Pages 11 to 29 of Dr. Iakovlev's report are from pertain to Mrs. Kaiser, is that correct? A. Let me see. (Witness reviewing document.) A. Yeah, I assume that he took all these pictures from Ms. Kaiser's tissues. BY MR. PLOUFF: Q. Okay. And you were you present when the tissue was divided?
15 16 17 18 19 20 21 22	in any additional time into your Ethicon work? A. Yes, but I haven't submitted any additional time. But I have, yes. Q. And do you have an estimate of the additional time range? A. Yes, I gave it on Tuesday. My original Q. Don't worry about it then. Don't	16 17 18 19 20 21	in Pages 11 to 29 of Dr. Iakovlev's report are from pertain to Mrs. Kaiser, is that correct? A. Let me see. (Witness reviewing document.) A. Yeah, I assume that he took all these pictures from Ms. Kaiser's tissues. BY MR. PLOUFF: Q. Okay. And you were you present

9 (Pages 30 to 33)

1	Page 34		Page 36
^	A. No, I have no idea.	1	Q. And then you at some point you
2	Q. Okay. When I think I asked this of	2	looked at those, is that right?
3	you earlier, but I forget the answer. When did	3	A. Yes. Let me just check in my report,
4	you say you did you have a date when you	4	because I think that was yeah, I think that
5	first looked at Mrs. Kaiser's tissue?	5	was part of the delay, because initially I just
6	A. Yes, I mentioned to you that that date	6	had my slides, and then I received his slides
7	is in the chain of custody, and that I don't	7	later on.
8	recall it.	8	Q. And have you returned those slides?
9	Q. Oh, okay. And do you know and when	9	A. Yes, everything has been returned.
10	did you first draft your report on this case?	10	Even my slides even my slides were sent to, I
11	A. So after I received the tissues, then	11	believe, Dr. Iakovlev at this point.
12	I processed them, then I evaluated them, and	12	Q. Okay. And have you provided to
13	that's when I started writing my draft, you	13	Dr. Iakovlev the specimens and slides that you
14	know, based on my observations of the tissues	14	were working with?
15	and the, you know, the microscopy.	15	A. Yes, I provided him with everything,
16	Q. And the next thing you did apparently	16	except that obviously the gross tissue is no
17	was you saw Dr. Iakovlev's report and you were	17	longer available because he's made into slides.
18	responding to some of the things that he opined	18	But all the slides were provided to him, yes,
19	on, is that right?	19	all the stains.
20	A. Yes, correct. After constructing my	20	Q. Okay. Now, in terms of the five
21	report based on the medical records, and my own	21	Well, actually, let me ask it this
22	observations of the tissue, then it's when I	22	way, because you talked earlier about how you
23	received his report, and then I started my	23	had reviewed 10 mesh explantations for Ethicon
24	opinions of his report.	24	and reported on five, correct?
25	Q. Okay. And when did you complete that	25	A. Correct, I started the review I did
	Page 35		Page 37
1	process?	1	not complete the review on the others,
2	A. As I said, for Ms. Wroble, it was that	2	because
3	weekend that everything was completed. That was	3	Q. Okay. I'll just refer to them as the
4	before the March 16th deadline.	4	first five. But did those first five involve
5	Q. Okay. So let's see here. Let me go	5	
	book and look at man colonday. Monch 16th and an	-	mesh explanted for pelvic organ prolapse?
6	back and look at my calendar. March 16th was on	6	A. Oh, I don't recall. I don't recall
6 7	a Wednesday, so you're saying your report on the		
	a Wednesday, so you're saying your report on the Kaiser case was finalized on that the	6	A. Oh, I don't recall. I don't recall what the specifics were for those cases. Q. Okay. Do you know if there were any
7 8 9	a Wednesday, so you're saying your report on the Kaiser case was finalized on that the Saturday or Sunday before the March 16th?	6 7 8 9	A. Oh, I don't recall. I don't recall what the specifics were for those cases. Q. Okay. Do you know if there were any evidence of erosion of the vagina for those
7 8 9 10	a Wednesday, so you're saying your report on the Kaiser case was finalized on that the Saturday or Sunday before the March 16th? A. Yes, pretty much. It was just it	6 7 8 9 10	A. Oh, I don't recall. I don't recall what the specifics were for those cases. Q. Okay. Do you know if there were any evidence of erosion of the vagina for those first five?
7 8 9 10 11	a Wednesday, so you're saying your report on the Kaiser case was finalized on that the Saturday or Sunday before the March 16th? A. Yes, pretty much. It was just it was already written, it was just a matter of,	6 7 8 9 10 11	A. Oh, I don't recall. I don't recall what the specifics were for those cases. Q. Okay. Do you know if there were any evidence of erosion of the vagina for those first five? A. No, I did not have enough time to
7 8 9 10 11 12	a Wednesday, so you're saying your report on the Kaiser case was finalized on that the Saturday or Sunday before the March 16th? A. Yes, pretty much. It was just it was already written, it was just a matter of, you know, correcting some things here and there.	6 7 8 9 10 11 12	A. Oh, I don't recall. I don't recall what the specifics were for those cases. Q. Okay. Do you know if there were any evidence of erosion of the vagina for those first five? A. No, I did not have enough time to assess all that. I basically got some of the
7 8 9 10 11 12 13	a Wednesday, so you're saying your report on the Kaiser case was finalized on that the Saturday or Sunday before the March 16th? A. Yes, pretty much. It was just it was already written, it was just a matter of, you know, correcting some things here and there. Q. Okay.	6 7 8 9 10 11 12	A. Oh, I don't recall. I don't recall what the specifics were for those cases. Q. Okay. Do you know if there were any evidence of erosion of the vagina for those first five? A. No, I did not have enough time to assess all that. I basically got some of the slides, some of the sets were incomplete, and
7 8 9 10 11 12 13	a Wednesday, so you're saying your report on the Kaiser case was finalized on that the Saturday or Sunday before the March 16th? A. Yes, pretty much. It was just it was already written, it was just a matter of, you know, correcting some things here and there. Q. Okay. A. Editing basically.	6 7 8 9 10 11 12 13 14	A. Oh, I don't recall. I don't recall what the specifics were for those cases. Q. Okay. Do you know if there were any evidence of erosion of the vagina for those first five? A. No, I did not have enough time to assess all that. I basically got some of the slides, some of the sets were incomplete, and some medical records. That was it. It was too
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7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	a Wednesday, so you're saying your report on the Kaiser case was finalized on that the Saturday or Sunday before the March 16th? A. Yes, pretty much. It was just it was already written, it was just a matter of, you know, correcting some things here and there. Q. Okay. A. Editing basically. Q. How much sooner had it been already written? A. It was I would have to look at the dates when I received all the materials, but basically it was already it had been already written a week or so before. Q. Okay. And there were certain slides that were created by Dr. Iakovlev, is that right?	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. Oh, I don't recall. I don't recall what the specifics were for those cases. Q. Okay. Do you know if there were any evidence of erosion of the vagina for those first five? A. No, I did not have enough time to assess all that. I basically got some of the slides, some of the sets were incomplete, and some medical records. That was it. It was too premature. Q. And the five that you A. Yeah, sorry. Q. No, I'm it's hard when it's over the phone to know when you've stopped with your answer, so I'm trying to wait, but if I don't just tell me you have more to say. The five that you reported on, how many of those did you see evidence of erosion?
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	a Wednesday, so you're saying your report on the Kaiser case was finalized on that the Saturday or Sunday before the March 16th? A. Yes, pretty much. It was just it was already written, it was just a matter of, you know, correcting some things here and there. Q. Okay. A. Editing basically. Q. How much sooner had it been already written? A. It was I would have to look at the dates when I received all the materials, but basically it was already it had been already written a week or so before. Q. Okay. And there were certain slides that were created by Dr. Iakovlev, is that	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Oh, I don't recall. I don't recall what the specifics were for those cases. Q. Okay. Do you know if there were any evidence of erosion of the vagina for those first five? A. No, I did not have enough time to assess all that. I basically got some of the slides, some of the sets were incomplete, and some medical records. That was it. It was too premature. Q. And the five that you A. Yeah, sorry. Q. No, I'm it's hard when it's over the phone to know when you've stopped with your answer, so I'm trying to wait, but if I don't just tell me you have more to say. The five that you reported on, how

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Page 38 Page 40 1 1 deposition. This is why we had a deposition on cases in this case in this case-specific 2 2 Tuesday. You know, Tom, I've given you just deposition. Thank you, Tom. 3 scads of leeway on this, but, you know, this 3 MR. PLOUFF: Sure. And I can give you 4 4 isn't about Ms. Kaiser's case. a continuing objection on that also. 5 5 MR. PLOUFF: Well, I think it relates BY MR. PLOUFF: 6 6 to her credibility on Mrs. Kaiser's case. Q. In those one or two cases where you 7 7 MR. COMBS: This is not what the saw erosion, did you attribute any of the 8 purpose of this deposition is. The purpose of 8 erosions to the transvaginal mesh? 9 9 this deposition is for you to ask questions A. The mesh was in the vicinity, but the 10 about Ms. Kaiser's case. If you wanted to ask 10 erosions that I identified were not related to 11 11 questions about the general -- about other the mesh specifically. 12 12 cases, what she did with the other 10, those are Q. Okay. Now, the -- and obviously in 13 13 the questions that were to be asked on Tuesday. Dr. Iakovlev's report, you know, he has these 14 That's not what this is about. 14 figures, you know, 2 to 20 is it, and I think 15 15 MR. PLOUFF: Well, I, you know, I that your report has four figures attached to 16 16 suppose in the eyes of the beholder in terms of it. Would it be fair to say that the tissues 17 what is a case-specific question. But I think 17 that you looked at had the same features as the 18 tissues that Dr. Iakovlev looked at? 18 that if it relates to her opinions on 19 Mrs. Kaiser's case, it relates to her 19 A. Yes, that is correct. 20 credibility on Mrs. Kaiser's case, that they are 20 Q. Okay. Now I want to start walking 21 21 through some of these Iakovlev figures. appropriate. 22 22 MR. COMBS: That's not what this A. Yes. 2.3 23 deposition is about. Let's call Judge Eifert Q. And Figure 2, for example -- or yeah, 24 and just get this resolved, because we're not 24 I'm just going to -- I'm going to knock out the 25 going to have a deposition of two hours of 25 BK, I'm just going to refer to them as Figure 2 Page 39 Page 41 1 1 questions about other cases that aren't at Page 11. The middle picture there, you see 2 2 some yellow areas designated, is that right? Ms. Kaiser's case, so let's --A. Yes. Yes, I do. 3 MR. PLOUFF: Okay. Go ahead and get 3 4 Judge Eifert on the phone then. 4 Q. Do those represent the spaces in the 5 MR. COMBS: Yeah, I'm going to. I'm 5 mesh, between the mesh fibers? 6 going to try to get her phone number. 6 A. Well, as a pathologist I would prefer 7 7 We can go off the record now. to rely on -- upon the first figure, because the 8 8 (Off the record discussion.) rest is just his drawings, so I would not 9 (Whereupon, phone call to Judge Eifert 9 consider that any scientific measure of how the 10 was made from 11:12 a.m. to pores look. So I would rather base my 10 11:30 a.m.) 11 11 assessment on the first figure, because the rest BY MR. PLOUFF: 12 is just -- he's drawing over what's supposed to 12 13 Q. Okay. Doctor, on the five cases that 13 be the pores. 14 you reported on for Ethicon, did you see erosion 14 Q. Okay. Well, what he says is 15 in any of the tissue? 15 represented by the yellow in the middle picture A. Yes, I did. 16 are spaces between the mesh fibers, and if you 16 17 17 Q. In how many of the five? want to look at the top picture you can do that, 18 A. I believe it was one. It may have 18 but I'm going to relate the yellow in the middle been two, but I -- as far as I remember right 19 to the white in the top and say, you know, do 19 20 now, one. 20 you agree that the areas that he says in yellow 21 21 Q. And in the one or two where you saw -are spaces in the mesh are, in fact, spaces in the -- between the mesh fibers? 22 MR. COMBS: And objection. Tom, 22 23 excuse me. I'm trying to interpose an 23 A. Yes, it appears to be so. 24 24 Q. Okay. Do you -- in the bottom figure objection. 25 25 Objection to the use of these other he is putting yellow what he believes the likely

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Page 42 Page 44 plane of the mesh was. Do you have a -- do you 1 1 the three mesh and tissue samples you see in 2 2 agree with what he opines is the likely plane of Figure 1 on Page 10 of the Iakovlev report came 3 3 from that palpable tense band? the mesh? 4 4 A. Absolutely not. A. Well, you know, according to her 5 5 Q. Okay. Do you have an -report she said that she excised some of the 6 6 A. That is only belief. That's only make mesh, but I don't know what is left or what is 7 7 believe that -- that's completely arbitrary from right. 8 his part. 8 Q. Do you know it all came from the 9 9 Q. Do you have an opinion on what the palpable tense band that she refers to? 10 most likely plane of the mesh was in the top 10 A. I have no -- I don't know how much of 11 11 that tense band meant the mesh, or what was picture in Figure 2? 12 12 A. Well, first of all, you cannot -- with other tissues incorporated into that. I have no 13 13 these tissue fragments and with what was idea, because when she submitted these tissues, 14 14 the only thing she said was vaginal mesh. She received from Ms. Kaiser, you cannot give an 15 opinion as to the orientation of this tissue in 15 did not explain where exactly in the vagina or 16 16 where in that tense band she took this tissue vivo. 17 17 First of all, if you go back to Figure from. Number 1 just for -- you know, to walk from that 18 18 Q. Okay. The -- going back to 19 figure to Number 2, there are three pieces. The 19 Dr. Iakovlev's report at Page 11, Figure 2, the 20 surgeon that excised the mesh, in this case 20 very top picture there, do you -- does that show 21 21 Dr. Johnson, I believe, did not say how these folded mesh? 22 22 A. Again, you know, these tissues, after three pieces were positioned in the body. There 2.3 23 is no indication what is interior, what is they have been excised, they go through a lot of 24 posterior, what is caudal, what is cephalad, so 24 manipulation. They are go -- they go through 25 you have no orientation whatsoever of these 25 manipulation during excision because the surgeon Page 43 Page 45 1 tissues, you don't know how they are placed. 1 is trying to pull the tissue out of the patient, 2 And you don't know how they are actually related 2 and then they get manipulation when they go into 3 to each other. 3 pathology, and they are measured and they are 4 So for that, to be -- to take that and 4 cut. So this is after division, after that has 5 just write lines, you know, and with a software 5 been cut in the laboratory, it has been 6 б to make believe that those are the planes is processed, and then cut again with a microtome. 7 7 absolutely wrong. It's not even pathology And so what you're seeing here is not a 8 8 methodology. reflection of how that mesh looked in the 9 MR. PLOUFF: Move to strike as 9 patient. This is after too many factors, too 10 10 many variables that have been introduced. So non-responsive. 11 BY MR. PLOUFF: 11 that would not be a reflection of how this mesh Q. Doctor, my question to you is simply, 12 12 looked in the patient. 13 do you have an opinion on what the likely plane 13 Q. Okay. 14 of the mesh was on the top figure in figure --14 MR. PLOUFF: And I move to strike as 15 the top picture in Figure 2? 15 unresponsive. 16 A. And I'm saying that no, there is no 16 BY MR. PLOUFF: 17 17 way to determine the orientation of the fibers Q. Doctor, I'm not asking you if this 18 or the mesh in vivo, therefore, there is --18 represents how the mesh looked in the patient. 19 19 based on these pictures, I can't give you the My question simply is, does the top picture in 20 orientation of this mesh in vivo. 20 Figure 2 show folded mesh? 21 21 Q. Okay. The -- you note in your report A. No, you cannot assess folding with a 22 22 on the second unnumbered page regarding the bidimensional picture. 23 23 Dr. Johnson surgery that there was a palpable Q. Does the top figure -- the top picture 24 tense band anteriorly from one ischial spine to 24 in Figure 2 show a dense collagenous scar? 25 A. It just shows fibrosis. There's no 25 the other. Do you have an opinion as to whether

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	Page 46		Page 48
1	way to assess density with a picture.	1	think it's the four figures attached to your
2	Q. Where in the middle picture of	2	report. Can you put that in front of you,
3	Figure 2 where he's labeled certain areas as	3	Doctor?
4	scar, and you can look at the comparable areas	4	(Whereupon, Abadi Exhibit Number 2,
5	in the top picture if you prefer, but are those	5	Four color figures, was marked for
6	areas, in your view, properly described as scar	6	identification.)
7	tissue?	7	A. Sure. Absolutely.
8	A. Whether you call it scar or	8	BY MR. PLOUFF:
9	fibroconnective tissue or fibrosis is all the	9	Q. Thank you.
10	same, it's type I collagen.	10	A. I'm ready.
11	Q. So regardless of whether you call it	11	Q. Now, do any of your I see. So, for
12	fibrosis or scar, you see he's properly	12	example, in your first figure there you're
13	identified those areas, is that correct?	13	describing an area of fibrosis, is that right?
14	MR. COMBS: Object to form.	14	A. Correct.
15	A. Well, I would not identify them as a	15	Q. All right. And how do you how do
16	scar, just fibrosis. But if he wants to use	16	you how do you identify the fibrosis area? I
17	that term, it's fine.	17	mean, is it everything that's pink in this
18	BY MR. PLOUFF:	18	picture?
19 20	Q. Okay. So if I crossed out the word	19 20	A. Yeah, when you see an H&E slide, the
21	in the middle picture if I crossed out the word "scar" and I inserted the word "fibrosis," you	21	fibrosis looks pink, it looks homogeneously
22	would agree that those areas show fibrosis, is	22	pink.
23	that right?	23	Q. Okay. Do any of your four figures show any mesh fibers within a fibrosis area of
24	A. Yes.	24	tissue?
25	Q. Okay. Was there any normal non-scar	25	MR. COMBS: Tom, could you repeat that
	Page 47		Page 49
1	tissue with well, you're saying you don't see	1	question? I could not hear you.
2	any mesh folds in the top picture of Figure 2,	2	MR. PLOUFF: Sure.
3	correct?	3	BY MR. PLOUFF:
4	MR. COMBS: Object to form.	4	Q. I'm on your four figures right now.
5	A. I just see the pores. I don't see any	5	My question is, do any of them show mesh fibers
6	folds. There's no way to assess folding with	6	within the area of fibrosis?
7	just a folding is something that occurs just	7	A. Yes, actually Figure 1, if you see I
8	as a trimensional concept. You cannot do that	8	put "Fibrosis" as a text box. Do you see that
9	with a photograph that is only showing you two	9	in the first figure?
10	dimensions.	10	Q. Well, I'm reading the I'm reading
11	BY MR. PLOUFF:	11	what you have there in the first figure, and
12	Q. Do you is there no normal non-scar	12	it's probably just due to my ignorance, Doctor,
13	tissue within the pore areas?	13	but I'm trying to figure out if there are mesh
14	A. Well, this is a very low	14	fibers shown within that figure or not. Are
15	magnification. I don't know if there are	15	there?
16	vessels in-between the pores, I cannot see at	16	A. Yes. Actually, if you see the legend,
17	•		- 14 UN 4 1 1 - 4 - 1 14 1
	this magnification, it's a very low	17	it says "Mesh associated with mild chronic
18	this magnification, it's a very low magnification.	18	inflammation and fibrosis."
18 19	this magnification, it's a very low magnification. Q. Well, regardless of magnification,	18 19	inflammation and fibrosis." Q. Oh, I see, the blue area now I'm
18 19 20	this magnification, it's a very low magnification. Q. Well, regardless of magnification, based upon the Figure 2 pictures, can you see	18 19 20	inflammation and fibrosis." Q. Oh, I see, the blue area now I'm with you.
18 19 20 21	this magnification, it's a very low magnification. Q. Well, regardless of magnification, based upon the Figure 2 pictures, can you see any normal non-scar tissue within the pore area?	18 19 20 21	inflammation and fibrosis." Q. Oh, I see, the blue area now I'm with you. A. Okay.
18 19 20 21 22	this magnification, it's a very low magnification. Q. Well, regardless of magnification, based upon the Figure 2 pictures, can you see any normal non-scar tissue within the pore area? A. No, the picture only depicts the	18 19 20 21 22	inflammation and fibrosis." Q. Oh, I see, the blue area now I'm with you. A. Okay. Q. So the mesh is indicated by the purple
18 19 20 21 22 23	this magnification, it's a very low magnification. Q. Well, regardless of magnification, based upon the Figure 2 pictures, can you see any normal non-scar tissue within the pore area? A. No, the picture only depicts the fibrosis and the mesh.	18 19 20 21 22 23	inflammation and fibrosis." Q. Oh, I see, the blue area now I'm with you. A. Okay. Q. So the mesh is indicated by the purple in this slide?
18 19 20 21 22	this magnification, it's a very low magnification. Q. Well, regardless of magnification, based upon the Figure 2 pictures, can you see any normal non-scar tissue within the pore area? A. No, the picture only depicts the	18 19 20 21 22	inflammation and fibrosis." Q. Oh, I see, the blue area now I'm with you. A. Okay. Q. So the mesh is indicated by the purple

13 (Pages 46 to 49)

1 for inflammation next to that, and then to the 2 right of that is this big white area, that big 3 white area would all be mesh, is that right? 4 A. Correct. 5 Q. Okay. On your Exhibit 2, Doctor, 6 could you simply write the word "mesh" into that 7 white area, please? 8 A. Into the white into the in my 9 Figure 2? 10 Q. In your Figure 1 I thought we were on. 11 A. Well, it just means that when you 2 stain it, it's pretty much regular staining 3 throughout. 4 Q. Okay. 5 A. In other words, if you see any area of 6 this picture, you would see that the quality of 7 the staining is the same. 9 Q. And can you determine the density of 9 the fibrosis? 10 A. Yes, you can see whether you know, 11 if you see a slide that contains different areas 12 of the tissue, you can see areas where the		Page 50		Page 52
2 Q. Yes. 3 A. And if you see the top of the figure, 4 there is a folded blue thing. Do you see that? 5 Q. Yes. 6 A. Well, that's actually a polypropylene 6 fiber. That is because the fibers on 8 histology look blue, so when they have been 9 removed, what you'd get is empty spaces. 10 Q. Okay. But what you have the arrow 11 pointing to a purple area, is that correct? 12 A. Right. That area is inflammation. 13 Q. Oh, I see. 14 Can you see any mesh other than the 15 mesh that's the blue line at the very top, can 16 you see any mesh anywhere else in Figure 1? 17 A. Oh, yes, all those empty spaces that 18 you see, if you were to polarize that, you would 19 see mesh fibers. 20 Q. So all the white areas? 21 A. Correct. 22 So what Dr. Iakovlev does for you is 23 that he colors those spaces. 24 Q. Okay. Oo on your Figure 1 where you 25 have the arrow and then there's the purple area Page 51 1 for inflammation next to that, and then to the 12 right of that is this big white area, that big white area would all be mesh, is that right? 4 A. Correct. 5 Q. Okay. On your Exhibit 2, Doctor, 6 could you simply write the word "mesh" into that 7 white area, please? 8 A. I just see fibrosis, the same in all the three pictures. 9 Q. Okay. Does the phrase "dense collagenous scar" mean anything to you? A. Yes, sometimes it's used in pathology when you see it more homogeneous than in some other cases, just to separate it from when you see when you use the term "dense scar" or "dense fibrosis, the same in all the three pictures. Q. Okay. Does the phrase "dense collagenous scar" mean anything to you? A. Yes, sometimes it's used in pathology when you see it more homogeneous than in some other cases, just to separate it from when you see when you use the term "dense scar" or "dense fibrosis, the same in all the three pictures. Q. Okay. Do you see any areas of fibrosis in Figure 3 that are more compact? fibrosis in Figure 3 that are more compact? following the fibrosis is pertry homogeneous in this picture. Q. Okay. To y	1	mesh.	1	Dr. Iakovlev's report. Page 12. Figure 3.
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Q. The white area that's next to the blue 12 of the tissue, you can see areas where the		- •		
1 ± 3	13	arrow, the one to the right there, I believe	13	fibrosis is a little bit more compact and dense
14 you've designated that as mesh, if you could 14 than others.				
just write the word "mesh" in that. 15 Q. Okay. The if you'd look at I'm				
16 A. Yes. 16 sorry to flip back and forth with you, but on				
17 Q. Are you done? 17 your four figures, Exhibit 2, can you use any of				
18 A. Almost (witness complies). 18 those pictures to show me where an area would be		•		
19 Q. Okay. 19 of the fibrosis is denser than other areas?				
MR. COMBS: Do you want a thinner pen? 20 A. Yes, absolutely. If you go to Figure		-		
21 A. No, it's just with my handwriting it 21 2.				
22 may not look so clear. 22 MR. COMBS: So, Tom, it's Exhibit 2,				
23 Yes, I did that. 23 Figure 2.				
24 BY MR. PLOUFF: 24 MR. PLOUFF: Right.				
25 Q. Let's go to the next page of 25 A. Okay. So do you see that in some				

14 (Pages 50 to 53)

1	Page 54		Page 56
1	areas around the fibers it's a little pinker	1	A. So that is my lymphocytic chronic
2	than in other areas? Like, for example, on the	2	inflammation.
3	bottom of the page of the picture, you would see	3	Q. You know, but I'm not to me the
4	it's a little bit more loose, you know, there's	4	purple area or excuse me. The black arrows
5	like some separation of the tissues, and	5	indicating the lymphocytic inflammation, it
6	actually in the middle of the picture as well	6	seems like the arrow is pointing to purple dots,
7	there's lighter pink. I don't know if you can	7	is that right?
8	see it.	8	A. Yes, that's how the lymphocytes look
9	BY MR. PLOUFF:	9	in the tissue, like purple dots, exactly right.
10	Q. Okay. Well, could you just as an	10	Q. Okay. So wherever even like at the
11	example, if you could just take your pen and	11	bottom of this Figure 2, there are also purple
12	draw a line to where an example of dense	12	dots. Are those similarly areas of lymphocytic
13	fibrosis, and then go ahead at the end of the	13	inflammation?
14	line write the word "dense," please.	14	A. Yes, that is correct, those are
15	A. Okay. So I think I need a better pen.	15	lymphocytes.
16	Yes, that's fine. This is fine.	16	Q. Okay. And what is a lymphocyte?
17	MR. COMBS: Okay.	17	A. A lymphocyte is a chronic inflammatory
18	A. I'm just going to put, in the area	18	cell.
19	that's dense put "dense," and then in the area	19	Q. Okay.
20	that is less dense I would put "less dense."	20	A. So the one that we have in the lymph
21	How is that?	21	nodes.
22	BY MR. PLOUFF:	22	Q. Okay. Now, let me flip you back to
23	Q. Oh, that's great.	23	Exhibit 1, Dr. Iakovlev's report, again Page 12,
24	A. (Witness labeling).	24	Figure 3.
25	MR. COMBS: Okay. And, Dr. Abadi,	25	A. Yes.
23	Page 55		Page 57
	1430 00		
1 1	inst Tom Libinh it might be helpful if	1	
1	just Tom, I think it might be helpful if	1	Q. Do you do any and I guess you
2	Dr. Abadi circled that with a Sharpie just	2	Q. Do you do any and I guess you like to use the top picture, which is fine, but
2 3	Dr. Abadi circled that with a Sharpie just because it's going to be pretty hard in a copy	2	Q. Do you do any and I guess you like to use the top picture, which is fine, but does that top picture in your view show any
2 3 4	Dr. Abadi circled that with a Sharpie just because it's going to be pretty hard in a copy of this picture to see this.	2 3 4	Q. Do you do any and I guess you like to use the top picture, which is fine, but does that top picture in your view show any areas of lymphocytic inflammation?
2 3 4 5	Dr. Abadi circled that with a Sharpie just because it's going to be pretty hard in a copy of this picture to see this. MR. PLOUFF: Okay.	2 3 4 5	Q. Do you do any and I guess you like to use the top picture, which is fine, but does that top picture in your view show any areas of lymphocytic inflammation? A. Yes, it does.
2 3 4 5 6	Dr. Abadi circled that with a Sharpie just because it's going to be pretty hard in a copy of this picture to see this. MR. PLOUFF: Okay. MR. COMBS: Just make a big make a,	2 3 4 5 6	Q. Do you do any and I guess you like to use the top picture, which is fine, but does that top picture in your view show any areas of lymphocytic inflammation? A. Yes, it does. Q. Okay. And would those be the areas in
2 3 4 5 6 7	Dr. Abadi circled that with a Sharpie just because it's going to be pretty hard in a copy of this picture to see this. MR. PLOUFF: Okay. MR. COMBS: Just make a big make a, you know, a circle around the two areas just so	2 3 4 5 6 7	Q. Do you do any and I guess you like to use the top picture, which is fine, but does that top picture in your view show any areas of lymphocytic inflammation? A. Yes, it does. Q. Okay. And would those be the areas in purple?
2 3 4 5 6 7 8	Dr. Abadi circled that with a Sharpie just because it's going to be pretty hard in a copy of this picture to see this. MR. PLOUFF: Okay. MR. COMBS: Just make a big make a, you know, a circle around the two areas just so that the	2 3 4 5 6 7 8	Q. Do you do any and I guess you like to use the top picture, which is fine, but does that top picture in your view show any areas of lymphocytic inflammation? A. Yes, it does. Q. Okay. And would those be the areas in purple? A. Yes, that's correct. The areas in
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Dr. Abadi circled that with a Sharpie just because it's going to be pretty hard in a copy of this picture to see this. MR. PLOUFF: Okay. MR. COMBS: Just make a big make a, you know, a circle around the two areas just so that the THE WITNESS: (Witness complies). Like that? Okay. MR. COMBS: That's perfect. THE WITNESS: Okay. MR. COMBS: Thank you. A. These are just examples. Doesn't mean that the whole picture does not represent the same things. BY MR. PLOUFF: Q. I understand. And again, using your Exhibit 2, the four figures there, do you see any areas that you would say show lymphocytic chronic inflammation?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. Do you do any and I guess you like to use the top picture, which is fine, but does that top picture in your view show any areas of lymphocytic inflammation? A. Yes, it does. Q. Okay. And would those be the areas in purple? A. Yes, that's correct. The areas in purple. Q. And then if you could just draw a line from one of those purple areas as an example and write "lymphocytic inflammation," please? A. (Witness complies). Q. And then when you're done, just let me know. A. Okay. I'm done. Q. Okay. And then do I assume that the reason why the lymphocytes in your Figure 2 show up as purple dots and the ones in Dr. Iakovlev's Figure 3 appear more blurred is just due to the amount of magnification? A. That is correct.

15 (Pages 54 to 57)

	Page 58		Page 60
1	_	1	
1	Q. Now, the areas of I guess we can	1	Q. Right.
2	use your Exhibit 2 where you designate on Figure	2	A you see the impression that he gets
3	1 as the pink areas of fibrosis, do you have an	3	from this picture is there's a lot of
4	opinion as to whether that fibrosis was caused	4	inflammation because there's a lot of smudging
5	by the Prolift mesh?	5 6	of the cells here. You know, you see how it
6	A. Well, the fibrosis is actually an		looks like little dots in some areas and then
7	intended result, because there is no other way	7	bands that are purple? Well, that's an
8	to heal but with scar tissue when you have a	8 9	artifact, that is the it's a crushing
9 10	foreign body material like a mesh. So it's been	10	artifact, and that happens because the
11	designed to actually facilitate the deposition		lymphocytes are very fragile. So it gives you
12	of collagen. So that's the result that is	11 12	the impression that it's a lot more inflammation
13	expected, and then that's the result that it	13	than what's really there.
14	shows here.		And in terms of whether chronic
	Q. Okay. And I'm not necessarily asking	14	inflammation is normal or abnormal, chronic
15 16	what the intended result of the mesh is. I just	15	inflammation in the presence of a foreign body
	want to make sure that a that the fibrosis is	16	material is normal, that's what you expect to
17 18	in your opinion caused by the transvaginal mesh,	17	see. It doesn't go away.
	correct?	18	Q. Well, let's use a figure from your
19 20	A. Yes, it's caused by the mesh, right.	19	report then, Figure 2 of Exhibit 2, that shows
	Q. Okay. All right.	20	the lymphocytic inflammation with purple dots.
21	A. Once you place the mesh, the result is	21	A. Okay.
22	the fibrosis.	22	Q. In a woman who does not have a mesh
23	Q. Turning to Dr. Iakovlev's report	23	implant, would you expect to see this type of
24	again, Exhibit 1, Figure 4, the top picture	24 25	inflammation?
25	there, do you see any folded mesh in that	∠ 5	A. Yes.
	Page 59		Page 61
1	picture?	1	Q. From what?
2	A. Figure I'm sorry, which figure?	2	A. Well, the vaginal mucosa shows
3	Q. Figure 4 at Page 13 of Dr. Iakovlev's	3	inflammation, always has inflammatory cells,
4	report.	4	always has chronic inflammatory cells. And so
5	A. Page 13. Okay. Again, you cannot	5	as I explained before, we have what we call the
6	assess folding with a picture that is flat, that	6	surveillance cells, so the presence of chronic
7	it has two dimensions.	7	inflammatory cells in the vaginal mucosa is
8	Q. Okay. Do you know what the basis for	8	entirely normal.
9	Dr. Iakovlev describing Figure 4 as folded mesh	9	Q. Well, here's what I don't get on this
10	is?	10	subject then.
11	A. I have no idea what went through his	11	A. Yes. Right.
12	head, because there's no way to do that with	12	Q. On the one hand you say it seems to me
13	this kind of a specimen.	13	to be saying that the inflammation that's seen
14	Q. Okay. The Page 14 of Exhibit 1,	14	is caused by the mesh, and that it's an intended
15	Dr. Iakovlev's report, Figure 5, you see areas	15	result of the mesh, and on the other hand you
16	of chronic inflammation, is that correct?	16	say that even in the woman without mesh you can
17	A. Yes, I do.	17	see this type of inflammation. So how can you
18	Q. And would you agree that it's not	18	say it's related to the mesh?
19	normal to have that amount of inflammation in	19	MR. COMBS: Object to form.
20	this tissue?	20	A. Right. So this is the situation. In
21	MR. COMBS: Object to form.	21	a normal vagina you get inflammatory cells, you
22	A. Well, first of all, the figure, as you	22	get a chronic inflammation infiltrate always,
23	said you remember that we spoke about the	23	and that's normal. The only reason why we're
24	little dots, right? So	24	saying that this is in relation to the mesh is
25	BY MR. PLOUFF:	25	because you see it around the fibers. But every

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Page 62 Page 64 1 BY MR. PLOUFF: 1 time you have a foreign body material you would 2 2 Q. Okay. So if we were to take a -- if have the same type of inflammation. Any foreign 3 3 body material, whether it's a suture, whether we were to look at vaginal tissue samples from 4 4 it's a prosthesis, whether it's a mesh, it would one of those kind of patients who doesn't have 5 5 have the same chronic inflammatory response. mesh but a pathologist will typically look at, 6 6 When I talk about normal, it's because and you compared the chronic inflammation in 7 7 that's what -- how the organism, I mean the those cases with a mesh case, you would expect to see the same amount of chronic -- similar 8 host, reacts to a foreign body no matter what 8 9 9 the foreign body is. amount of chronic inflammation, is that correct? 10 BY MR. PLOUFF: 10 A. Yes --Q. And I know this is probably not 11 11 MR. COMBS: Object to form. 12 possible, but let's say that you were looking at 12 A. I'm sorry. 13 Yes, it depends on the patient, as I 13 a slide of tissue from a vagina, on the one hand 14 14 said. You know, there are patients that have one with no mesh in it and on the other hand the 15 other tissue sample has mesh in it, would you 15 more inflammation and there are others that have 16 16 expect -- or strike that. less. So it's really just syncretic. 17 17 Regardless of whether there's mesh in But yes, you can have patients where 18 18 the vagina, you would expect the same type of there's a lot of inflammation and means nothing. 19 inflammation in your Figure 2 as in a person who 19 Chronic inflammation I'm talking about. 20 doesn't have mesh, is that correct? 20 BY MR. PLOUFF: 21 21 A. Yeah, if you just see -- for example, Q. And, Doctor, looking back at 22 22 if you take a sample of the vaginal wall in a Dr. Iakovlev's report again, Page 14, Figure 5, 2.3 23 patient, you can see chronic inflammation -do you see any plasma cells? 24 without mesh I'm talking about -- then you would 24 A. This magnification is too low to 25 see chronic inflammatory cells as well. There 25 assess for plasma cells, so... Page 63 Page 65 1 Q. To you is a foreign body inflammation 1 will be areas that have the same kind of 2 finding. The only difference here is there is a 2 the same as chronic inflammation? 3 foreign body, and in addition to the lymphocytes 3 A. No. Chronic inflammation -- foreign 4 you get occasional foreign body giant cells. 4 body inflammation -- foreign body chronic 5 Q. In a woman, contrasting the tissue 5 inflammation is a type of chronic inflammation. 6 6 samples of a woman without mesh and with mesh, Q. Okay. And obviously you saw in some 7 7 do you see more chronic inflammatory cells in a of these tissue samples for Mrs. Kaiser examples 8 8 woman with mesh? of foreign body type of inflammation, is that 9 A. Well, it depends on the woman as well. 9 right? 10 It depends on the immunological status of the 10 A. Yes, that is correct. 11 woman and what other situations there are. But 11 Q. Did you see any other type of chronic if you're talking about normal vagina, this 12 inflammation other than foreign body? 12 13 amount of lymphocytes is similar, very similar 13 A. No. The chronic inflammation that I to what you see in normal vagina sometimes. 14 14 saw was associated with, you know, the foreign 15 Q. So if Dr. Iakovlev -- well, let me --15 body reaction. 16 what kind of -- other than mesh explant 16 Q. Okay. Going to Page 16 of 17 17 surgeries, what kind of surgeries do you see Dr. Iakovlev's report, Figure 7, he's designated 18 with tissue samples from the vagina? 18 certain areas as dilated vessels. Do you agree 19 19 A. Oh -that those are dilated? 20 MR. COMBS: Object to form. 20 A. No, I don't. I think they're 21 21 absolutely normal. A. I'm sorry. 22 Oh, many, many cases. Different 22 Q. What does a dilated vessel look like? 23 repairs, different excisions of cyst, excisions 23 A. Well, basically the lumen is larger 24 of tumors, atypias, dysplasias. I get a lot of 24 than the rest of the normal vessels, so for 25 that, actually, in order to assess dilatation of 25 vaginal mucosa samples.

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	Page 66		Page 68
1	vessels, you would need to compare it to other	1	where you have either blood or lymph, you know,
2	areas of the tissue where, you know, if you	2	the circulation. And the tiny dots are the
3	wanted to illustrate dilatation of vessels in	3	nuclei of the cells that line the vessel, that
4	this, he in this situation he would have to	4	surround that space.
5	compare it to the caliber of the vessels in an	5	Q. I got you.
6	area that's not involved by the mesh.	6	A. Okay.
7	Q. Are there in terms of the tissue	7	Q. Okay. Well, I should be able to pass
8	slides that you looked at, are there areas that	8	your exam now, then.
9	are not involved with the mesh?	9	MR. COMBS: I'm glad you asked that
10	A. In Ms. Kaiser you mean?	10	question, Tom, because that helps me.
11	Q. Yes.	11	BY MR. PLOUFF:
12	A. Yeah, Ms. Kaiser all the tissues	12	Q. Figure 8 on Page 17 of Dr. Iakovlev's
13	pertain to the mesh.	13	report, the area that he's designated as nerve,
14	Q. Okay. With regard to this Figure 7	14	do you agree?
15	where he's indicated dilated vessels, how would	15	A. Yes, it is a nerve.
16	you describe the area that he points to?	16	Q. And is the nerve ingrown into the
17	A. I would just describe it as vessels.	17	mesh?
18	Q. Okay. And what is the vessel that is	18	A. Well, Dr. Iakovlev should know from
19	is it the thin line of purple in that area of	19	his medical studies that a fiber this size would
20	white?	20	not ever would never regrow like this, in a
21	A. No, it's the space.	21	mesh or anywhere.
22	Q. It is the space. So here's where I	22	Q. Well, is the nerve positioned within
23	get confused, because, you know, in other cases	23	the scar tissue?
24	where we looked at white areas it was mesh, and	24	A. It is positioned within fibrosis, yes.
25	now here it looks like it's vessels. How do you	25	Q. And is it positioned within the mesh?
	Page 67		Page 69
1	distinguish the two?	1	A. It seems so, because there are mesh
2	A. Well, you have to go through a	2	fibers in this picture, basically both sides of
3	residency in pathology.	3	that nerve.
4	Q. Okay.	4	Q. All right. So is the nerve entrapped
5	A. That's	5	within the fibrosis?
6	Q. I don't think that's going to happen,	6	A. Oh, I think the nerve was
7	so but if you were going to but if I was	7	pre-existing, it was probably there, and it's
8	the stupidest doctor in my class with an MD by	8	just you know, there is the fibrosis grew,
9	my name and I asked you the question how do you	9	and he's somewhere in-between.
10	know that what's designated here as dilated	10	Q. With regard to
11	vessels is not really mesh, what would you	11	A. When I say "he," it's an it.
12	explain to that student?	12	Q. With regard to the nerve that's
13	A. Okay. So basically you have to look	13	depicted in Figure 8 so is it the purple area
14	for the lining of the vessel. The vessels are	14	that's the nerve, or what's the nerve?
15	lined by endothelial cells. So if you	15	A. The nerve is that pink ball with a lot
16	noticed actually, it's not a very good	16	of black dots inside.
17	magnification for that, but if you see the	17	Q. Okay. Do you see any evidence of
18	outline of those spaces, you will see like tiny	18	degenerative changes within the nerve?
19	black dots. Do you see that? Tiny, tiny,	19	A. No. In order to assess that you have
20	minute. So those are the nuclei of endothelial	20	to do special stains.
171	cells. That's what we use as a reference.	21	Q. Like what?
21		'''	A Latro reath the energy that I magnificated
22	Q. I do see that. But it looks like	22	A. Like with the ones that I mentioned
22 23	those tiny, tiny black dots aren't in the area	23	before, like you have to do axonal stains, and
22	-		

18 (Pages 66 to 69)

11 neuroganglion? A. It's the whole structure that he 12 that pink is like banana shape in this 13 particular picture, but that if you see, it's 14 particular picture, but that if you see, it's 15 similar to what we looked at before, except that 16 there were like big two big purple balls 17 inside that structure. You see that? 18 Q. Well, I actually got I actually 19 Is there anatomic innervation shown 10 here? 11 A. You mean autonomic innervation? 12 here? 13 A. You mean autonomic innervation? 14 Q. I thought it was A-N-A-T-O-M-I-C. 15 A. No, it's not. It's autonomic, meaning 16 we don't govern that, so it's autonomic, 17 A-U-T-O-N-O-M-I-C. It's not anatomic. 18 Everything is anatomic. So it's autonomic		Page 70		Page 72
2 A. Okay. So the way you identify ganglion cells. So within this particular nerve you are going to see two structures that participate in that main nerve where, that would not be a degenerative nerve there, that would not be a degenerative nerve where, that would not be a degenerative nerve where it if you have a degenerated nerve, for example, and let's say you show that it's not have whether it was damaged during the actual implantation, not necessarily have anything to do with the mesh at all, or whether the damage was caused by processing, because that can happen as well when you the nerves are very deheate. When you handle them and you put them through so many tragents and use forceps, you can damage then. 2	1	in this case.	1	here.
dan't do it, is that right? A. Yes. Correct. Q. Do you think that it would aid for example, let's say you did those kind of studies and it showed that there was a degenerative nerve there, that would not be a degenerative nerve there, that would not be a degenerative nerve three, that would not be a degenerative nerve three, that would not be a degenerative nerve would not be related to mesh, is that right? 10 right? 11 A. No, that's not what it means. It means that if you have a degenerated nerve, for example, and let's say you show theat it was damaged during surgery, because obviously when you know here it was damaged during surgery, because obviously when you can't see. 12 means that if you have a degenerated nerve, for example, and let's say you show theat it was damaged during surgery, because obviously when you can't see. 12 means that if you have a degenerated nerve, for example, and let's say you show wheth it was damaged that during surgery, because obviously when you can't see. 12 means that if you have a degenerated nerve, for example, and let's say you show wheth it was damaged during surgery, because obviously when you can't see. 13 example, let's say you did those where it was damaged during the admaged of the southwest of that there's another little circle. That's what it means that if you have a degenerated nerve, for example, it was damaged that there's another little circle. That's what it means that if you have a degenerated nerve, for example, it was damaged that there's another little circle. That's what it means that if you have a degenerated nerve, for example, it was damaged that there's another little circle. That's what it means an any of the form through the mean you are the fall there's another little circle. That's what our indicated by the Sharpie? 12 prove that there is some axonal damage, it may prove that there is some axonal damage, it may prove that there is some axonal damage, it may prove that there is some axonal damage, it may prove			2	
A. Yes. Correct. Q. Do you think that it would aid – for example, let's say you did those kind of studies and it showed that there was a degenerative nerve there, that would not be – a degenerative nerve would not be related to mesh, is that right? A. No, that's not what it means. It means that if you have a degenerated nerve, for example, and let's say you show that it's during surgery, because obviously when – you for know whether it was damaged during surgery, because obviously when – you had in the kind of slightly to the southwest of that there's another fittle circle. That's what Dr. Abadi is nich below the arrow there's a little circle, and the kind of slightly to the southwest of that there's another fittle circle. That's what Dr. Abadi was pointing to – if you go bout at quarter of an inch below the arrow there's a little circle, and the kind of slightly to the southwest of that there's another fittle circle. That's what Dr. Abadi was pointing to – with the pen, but you can't see. MR. P.OUFF: And has that been inched by necessing, because that can happen as well when you – the nerves are very delicate. When you handle them and you put them through so many reagents and use forceps, you can damage then. To so even if you do not ecessarily have a put them through so many reagents and use put them through so many reagents and use forceps, you can damage then. To go even if you do house things and you prove that there is some axonal damage, it may prove that there is some axonal damage, it may that it is paintifulation, that this is a ganglion. Page 73 A. Yes. Q. Now let's go to Page 19 of his report, that right? A. Correct. A. Correct. Q. And what is – I see the arrow, but was to sing prove that it is to what we looked at before, except that there were like big – two big purple balls inside that structure. You see that? Q. Well, I actually got – I actually digressed when you weet talking to try to find the banana, and I think I have, but can you we your Shapie to circle the banana representing			l	
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19 (Pages 70 to 73)

	Page 74		Page 76
1	A. Yes, the neuroganglion is part of the	1	believe represent an area that's from the
2	autonomic system.	2	bladder wall?
3	Q. Okay. Does the phrase "scar plate"	3	A. No. Without the presence of
4	mean anything to you?	4	urothelium, you cannot assess the presence of
5	A. Well, I've seen it used by	5	bladder wall in a specimen like this. And I
6	Dr. Iakovlev and some of the German researchers,	6	wouldn't expect it because that would be
7	but we don't use it in pathology.	7	terrible for a surgeon.
8	Q. What does it mean?	8	Q. Figure 10 is Page 19 in Dr. Iakovlev's
9	A. I have no idea. I assume that it must	9	report. The neuroganglion is identified there.
10	be some form of encapsulation, but it's not	10	Do you see any distortion in it?
11	currently it's not used as a terminology in	11	A. I'm sorry, let me get to that part.
12	pathology.	12	What page did you say it was?
13	Q. Okay. Can so if I what's like	13	Q. Page 19 of Dr. Iakovlev's report.
14	the leading reference books in pathology?	14	A. Okay. 19. All right.
15	A. Okay. So the leading book in	15	MR. COMBS: It's the one you drew.
16	pathology is Robbins.	16	A. Oh, it's the same one. All right.
17	Q. Okay. And do you think if I searched	17	What did you say, I'm sorry, whether it's
18	Robbins for scar plate I wouldn't find it? Is	18	distorted?
19	that right?	19	BY MR. PLOUFF:
20	A. Yeah, I don't think so. You would	20	Q. Yes.
21	have you would find scar, you would have	21	A. It doesn't look distorted to me.
22	fibrosis, but scar plate I doubt it, because we	22	Q. Okay. Are neuroganglions usually more
23	don't use it in our standard practice.	23	rounded than what you see here?
24	Q. Okay.	24	A. Yes, but it depends on the angle of
25	A. I've seen it I've also seen it	25	the cutting. You know, when we imbed tissues we
	Page 75		Page 77
1	always in quotes, so it's somewhat of a	1	can have what we call tangential sections, and
2	terminology that's used always represented with	2	so it gives you the image that it's deformed,
3	these quotes, so	3	but that's not the reality, it's an artifact of
4	Q. Can the neuroganglion affect sensory	4	cutting and imbedding.
5	innervation?	5	Q. Is this neuroganglion in Figure 10, is
6	A. No, absolutely not.	6	this involved in an area of fibrosis?
7	Q. And why do you say that?	7	A. Yeah, there is fibrosis there, yes.
8	A. Because it's not that's not what	8	Q. Okay. Where is the closest mesh to
9	they do. They are not pain fibers, they're not	9	this neuroganglion?
10	pain nerves, they're not sensory. They're	10	A. So if you see the picture is to, I
11	motor, and they regulate the autonomic function	11	would say, the right.
12	of the tissues.	12	I'm always having trouble. How can I
13	Q. Was this neuroganglion directly	13	refer to him?
14	dissected away from the bladder wall?	14	MR. COMBS: Tom, could you re-ask the
15	A. Well, first of all, this is a vaginal	15	question? Dr. Abadi is trying to figure out how
16	mesh, so we assume that it's probably a vaginal	16	to answer what you're asking.
17	ganglion. It has nothing to do with the	17	MR. PLOUFF: Sure.
18	bladder. And, you know, we don't know even if	18	BY MR. PLOUFF:
19	it's related to any particular function. There	19	Q. I'm still on Figure 10 at Page 19 in
20	are so many functions that the autonomic	20	Dr. Iakovlev's report, Exhibit 1.
21	ganglion perform, so just by looking at it you	21	MR. COMBS: Yes.
\circ		1 7 7	
22	cannot possibly know its function.	22	BY MR. PLOUFF:
23	cannot possibly know its function. Q. Do you in terms of any of the	23	Q. And we see an area that's been
	cannot possibly know its function.		

20 (Pages 74 to 77)

	Page 78		Page 80
1	neuroganglion?	1	distorted?
2	MR. COMBS: Okay.	2	A. I just see nerve branches. You cannot
3	A. So it would I mean, I don't have a	3	assess distortion again with this magnification
4	ruler with me, but it's	4	and with this stain and with no comparison with
5	MR. COMBS: She's pointing to the	5	any H&E stain.
6	thing the white circle that is to the left.	6	Q. Okay. Now, Page 25 of Exhibit 1,
7	MR. PLOUFF: Okay.	7	Dr. Iakovlev's report, do you see an area of the
8	BY MR. PLOUFF:	8	mesh that he's labeled as a degradation layer?
9	Q. And, Doctor, if you could circle that	9	A. Yes, I do.
10	white circle that area that's mesh and then	10	Q. Do you agree with that description?
11	label it as mesh, please.	11	A. No.
12	A. Okay. (Witness complies).	12	Q. How would you describe what's being
13	Q. And when you've done that, let me	13	pointed to there?
14	know.	14	A. Well, I see that, you know, outer
15	A. Yes, I'm done.	15	surface layer, however you want to call it, but
16	Q. Okay. Going to the next page of	16	I don't know that that has been degraded.
17	Dr. Iakovlev's report, Figure 11.	17	Q. So you don't have an opinion one way
18	MR. PLOUFF: And let me get a from	18	or the other on whether it's degraded?
19	the court reporter, can you tell me where we're	19	A. Well, I do not believe it's degraded
20	at in terms of time?	20	just by the way it is. It's very smooth. If
21	THE COURT REPORTER: You have 23	21	you were to talk about true degradation, what
22	minutes left.	22	happens in the body, enzymatic or chemical
23	BY MR. PLOUFF:	23	degradation would not cause such a smooth layer
24	Q. Page 20, Figure 11, do you see any	24	at all. In fact, it would be very irregular.
25	nerve branches within the mesh?	25	Q. As a pathologist, does the phrase
	Page 79		Page 81
1	A. Well, I see nerve branches that are	1	"degradation bark" have any meaning to you?
2	highlighted by the S100 staining, and I see some	2	A. Well, bark does not exist, and
3	pores that are, you know, considered you	3	degradation does exist. That is basically when
4	know, that are mesh spaces, but I don't you	4	the tissue disintegrates. So that word does
5	know, it's very hard to see because it's a low	5	exist, but bark does not.
6	magnification, and there's no H&E stain to see	6	Q. So again, if I looked at Robbins, you
7	the morphology. There's nothing for comparison.	7	wouldn't expect me to be able to see the word
8	Q. I just you know, I see some brown	8	bark, correct?
9	areas, I see some yellow areas.	9	A. Correct. Yes. Unless they're talking
10	A. Okay.	10	about a tree.
11	Q. Do you know what the brown areas	11	Q. Or a dog?
12	represent?	12	A. Or what? Yes, or a dog.
13 14	A. The brown areas represent the nerves.	13	Q. The last page of this report, Page 29,
15	Q. Okay. And then I know in Figure 1 the	14 15	it appears that there's blue dots within the mesh, is that correct?
16	white circled areas have been yellowed by	16	·
17	Dr. Iakovlev in the bottom picture, but are	17	A. Yes, that is correct.
18	those all are those white areas again mesh areas?	18	Q. What do the blue dots represent in your opinion?
19	A. Yes. Correct.	19	A. I don't know. This is I know that
20	Q. Turning to Page 23 of his report,	20	there's a staining in this layer which, you
21	Figure 14.	21	know, does not correlate with polypropylene
22	A. Yes.	22	because polypropylene doesn't stain, so there
23	Q. Do you see nerve branches there?	23	must be some protein in there, but I do not know
24	A. Yes, I do.	24	what those granules mean.
		25	Q. Could they be splinters of the mesh?
25	O. Do you see any nerve branches that are	∠5	O. Collid they be splinters of the mesh?

21 (Pages 78 to 81)

1	Page 82		Page 84
1	A. I don't know. I have no idea.	1	A. There is one that looks like moon
2	Q. Okay. So let's go to your four	2	shaped.
3	figures, Doctor, back to Exhibit 2.	3	Q. Okay. If you could circle those and
4	A. Yes.	4	identify them as foreign body cells, please.
5	Q. And I would just ask you I'm going	5	A. Yes.
6	to have the same question probably for each one,	6	In that Figure Number 3?
7	but what is it that you plan on telling the jury	7	Q. Yes.
8	about Figure 1?	8	A. (Witness complies). Okay.
9	A. Okay. So Figure 1, what I plan to	9	Q. Okay. Now that we're on Figure 3, my
10	tell the jury is that well, obviously there	10	same kind of a question, what do you plan on
11	is mesh, there are mesh fibers, and that they	11	telling the jury about Figure 3?
12	are surrounded by fibrosis, which is what I	12	A. Well, in Figure 3 I want to show the
13	expect to see once the mesh is implanted. And	13	mesh, I want to show the inflammatory infiltrate
14	also mild chronic inflammation, which is what	14	that is actually just in the vicinity of the
15	I'm pointing with the arrow, with the blue	15	fibers. I'm showing also that the giant cells
16	arrow.	16	are, you know, just a few of them, also in the
17	Q. Okay. Figure 2, what do you plan on	17	vicinity of the fibers. That the tissues that
18	telling the jury?	18	surround the mesh, except for a very thin rim of
19	A. Well, Figure 2 uses a higher	19	fibrosis, the rest is loose connective tissue.
20	magnification to illustrate that the chronic	20	And the vessels that are present are totally
21	inflammatory infiltrate is composed of	21	unremarkable.
22	lymphocytes, which we spoke about, and also the	22	Q. And then on Figure 4 what do you plan
23	chevron points out to a foreign body giant cell	23	on telling the jury?
24	which is what you occasionally see in foreign	24	A. Okay. Figure 4 is really the highest
25	body reactions, and obviously there is fibrous	25	magnification, and that's just to illustrate how
	Page 83		Page 85
1	tissue around these fibers. And I also pointed	1	the giant cells look like, because obviously,
2	out to those fragments of the fibers with the	2	you know, they are not pathologists, and so, you
3	blue arrows as well.	3	know, when we talk about giant cells, it's like
4	Q. We haven't talked much about the	4	what does this mean, so I want to just
5	foreign body giant cell, and I see your chevron	5	demonstrate how they look in tissues.
6	there, but what are you pointing to?	6	Q. Okay.
7	A. You see that it's like a pink ball	7	
ıΩ	with a lot of little dote incide? It's like a	ΙΩ	MR. PLOUFF: Let's go off the record
8	with a lot of little dots inside? It's like a	8	for five minutes, and then I'll finish up the
9	little pink ball.	9	for five minutes, and then I'll finish up the rest of my time.
9 10	little pink ball. Q. Okay.	9 10	for five minutes, and then I'll finish up the rest of my time. MR. COMBS: Okay.
9 10 11	little pink ball. Q. Okay. A. And so it has	9 10 11	for five minutes, and then I'll finish up the rest of my time. MR. COMBS: Okay. (Whereupon, a recess was taken from
9 10 11 12	little pink ball. Q. Okay. A. And so it has Q. Is that the only giant cell that you	9 10 11 12	for five minutes, and then I'll finish up the rest of my time. MR. COMBS: Okay. (Whereupon, a recess was taken from 12:32 p.m. to 12:45 p.m.)
9 10 11 12 13	little pink ball. Q. Okay. A. And so it has Q. Is that the only giant cell that you see depicted in Figure 2?	9 10 11 12 13	for five minutes, and then I'll finish up the rest of my time. MR. COMBS: Okay. (Whereupon, a recess was taken from 12:32 p.m. to 12:45 p.m.) (Whereupon, Abadi Exhibit Number 3,
9 10 11 12 13 14	little pink ball. Q. Okay. A. And so it has Q. Is that the only giant cell that you see depicted in Figure 2? A. Yeah. There might be another one, but	9 10 11 12 13 14	for five minutes, and then I'll finish up the rest of my time. MR. COMBS: Okay. (Whereupon, a recess was taken from 12:32 p.m. to 12:45 p.m.) (Whereupon, Abadi Exhibit Number 3, Five sheets of notes, was marked for
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9 10 11 12 13 14 15 16 17	little pink ball. Q. Okay. A. And so it has Q. Is that the only giant cell that you see depicted in Figure 2? A. Yeah. There might be another one, but in this area, in this section, you don't see any more giant cells. Q. Can you look at any of your four figures and tell me if you see a different giant	9 10 11 12 13 14 15 16 17	for five minutes, and then I'll finish up the rest of my time. MR. COMBS: Okay. (Whereupon, a recess was taken from 12:32 p.m. to 12:45 p.m.) (Whereupon, Abadi Exhibit Number 3, Five sheets of notes, was marked for identification.) BY MR. PLOUFF: Q. Doctor, handing you what's been marked as Exhibit 3, are those additional notes for the
9 10 11 12 13 14 15 16 17 18	little pink ball. Q. Okay. A. And so it has Q. Is that the only giant cell that you see depicted in Figure 2? A. Yeah. There might be another one, but in this area, in this section, you don't see any more giant cells. Q. Can you look at any of your four figures and tell me if you see a different giant cell located somewhere else?	9 10 11 12 13 14 15 16 17 18	for five minutes, and then I'll finish up the rest of my time. MR. COMBS: Okay. (Whereupon, a recess was taken from 12:32 p.m. to 12:45 p.m.) (Whereupon, Abadi Exhibit Number 3, Five sheets of notes, was marked for identification.) BY MR. PLOUFF: Q. Doctor, handing you what's been marked as Exhibit 3, are those additional notes for the Barbara Kaiser case?
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9 10 11 12 13 14 15 16 17 18 19 20 21 22	little pink ball. Q. Okay. A. And so it has Q. Is that the only giant cell that you see depicted in Figure 2? A. Yeah. There might be another one, but in this area, in this section, you don't see any more giant cells. Q. Can you look at any of your four figures and tell me if you see a different giant cell located somewhere else? A. Yes. For example, in Figure 3 you can see one in one of the superior spaces, there is a little one	9 10 11 12 13 14 15 16 17 18 19 20 21 22	for five minutes, and then I'll finish up the rest of my time. MR. COMBS: Okay. (Whereupon, a recess was taken from 12:32 p.m. to 12:45 p.m.) (Whereupon, Abadi Exhibit Number 3, Five sheets of notes, was marked for identification.) BY MR. PLOUFF: Q. Doctor, handing you what's been marked as Exhibit 3, are those additional notes for the Barbara Kaiser case? A. Yes, they are. Q. You know, we were provided a neuropathologist report by a Dr. McLendon. Did
9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	little pink ball. Q. Okay. A. And so it has Q. Is that the only giant cell that you see depicted in Figure 2? A. Yeah. There might be another one, but in this area, in this section, you don't see any more giant cells. Q. Can you look at any of your four figures and tell me if you see a different giant cell located somewhere else? A. Yes. For example, in Figure 3 you can see one in one of the superior spaces, there is a little one Q. Did you	9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	for five minutes, and then I'll finish up the rest of my time. MR. COMBS: Okay. (Whereupon, a recess was taken from 12:32 p.m. to 12:45 p.m.) (Whereupon, Abadi Exhibit Number 3, Five sheets of notes, was marked for identification.) BY MR. PLOUFF: Q. Doctor, handing you what's been marked as Exhibit 3, are those additional notes for the Barbara Kaiser case? A. Yes, they are. Q. You know, we were provided a neuropathologist report by a Dr. McLendon. Did you rely upon that report in any way for your
9 10 11 12 13 14 15 16 17 18 19 20 21 22	little pink ball. Q. Okay. A. And so it has Q. Is that the only giant cell that you see depicted in Figure 2? A. Yeah. There might be another one, but in this area, in this section, you don't see any more giant cells. Q. Can you look at any of your four figures and tell me if you see a different giant cell located somewhere else? A. Yes. For example, in Figure 3 you can see one in one of the superior spaces, there is a little one	9 10 11 12 13 14 15 16 17 18 19 20 21 22	for five minutes, and then I'll finish up the rest of my time. MR. COMBS: Okay. (Whereupon, a recess was taken from 12:32 p.m. to 12:45 p.m.) (Whereupon, Abadi Exhibit Number 3, Five sheets of notes, was marked for identification.) BY MR. PLOUFF: Q. Doctor, handing you what's been marked as Exhibit 3, are those additional notes for the Barbara Kaiser case? A. Yes, they are. Q. You know, we were provided a neuropathologist report by a Dr. McLendon. Did

22 (Pages 82 to 85)

	Page 86		Page 88
1	findings, because I have already I had	1	A. No, I have not felt it, except for the
2	already evaluated what I thought was the nerves	2	tissues that I got.
3	in this case independently, so it just help as a	3	Q. No. I meant, you know, like let's say
4	confirmation.	4	brand-new mesh out of the box, have you felt
5	Q. Okay. So, Doctor, so other than the	5	what that mesh feels like?
6	fact that Dr. McLendon's report identifies the	6	A. No, I have not, you know, palpated a
7	nerves that you also were able to identify, it	7	kit of this, you know or the mesh.
8	adds nothing more to your opinion, is that	8	Q. Can you tell me whether the mesh that
9	right?	9	was explanted from Mrs. Kaiser was soft or hard?
10	MR. COMBS: Object to form.	10	A. Well, it had to be everything had
11	A. Correct. It's just a confirmation of	11	to be hard because it's imbedded into the
12	my findings. And obviously he's a	12	fibroconnective tissue, so it feels hard.
13	neuropathologist, so his report is very	13	Q. And is that true of all the explanted
14	extensive into you know, he goes into the	14	mesh that you've examined?
15	actual nerve evaluation.	15	MR. COMBS: Object to form.
16	BY MR. PLOUFF:	16	A. Yes, it's the it's true for every
17	Q. Okay. But in terms of what you're	17	one.
18	relying upon his report for, in terms of that	18	BY MR. PLOUFF:
19	you accurately identified the nerve in the	19	Q. Okay. Now, you referenced earlier the
20	tissue samples, his report would be cumulative	20	fact that Dr. Johnson's report references Dr
21	of what you already identified, is that correct?	21	or Ms. Kaiser's complaint of pain during
22	A. Correct.	22	intercourse and pain while bending and stooping.
23	MR. COMBS: Object to form.	23	Do you have any opinion as to what was the cause
24	A. I'm sorry.	24	of Mrs. Kaiser's pain?
25	Yes, correct, I yes, I had already	25	A. No, I don't, because I didn't examine
	Page 87		Page 89
1	identified those nerves independently.	1	Ms. Kaiser, I'm not a urogynecological
2	BY MR. PLOUFF:	2	pathologist I mean a clinician, a
3	Q. Okay. Did you review anything that	3	urogynecologist.
4	led you to conclude one way or the other whether	4	Q. If Mrs. Kaiser had pain upon physical
5	the Prolift mesh became folded and contracted	5	examination when the tense bands that
6	while in Mrs. Kaiser's body?	6	Dr. Johnson refers to was touched, do you have
7	A. Right. You know, as I said before	7	an opinion as to what caused Mrs. Kaiser's pain?
8	when we were talking about this issue, a	8	A. No, because as I said, I didn't
9	pathologist cannot evaluate folding or any	9	examine her. I don't know what areas caused her
10	position of tissue in vivo unless the surgeon	10	pain. I wasn't present to a physical exam, so I
11	identifies the location of the tissue. In other	11	have no idea. I wouldn't
12	words	12	Q. Did you see any evidence of
13	Q. Okay.	13	A. Sorry. I
14	A it's not sufficient to just say	14	Q. Did you see any evidence of vaginal
15	"vaginal mesh." It has to actually to be	15	erosion in Mrs. Kaiser's tissues?
15 16	"vaginal mesh." It has to actually to be appropriately oriented.	15 16	erosion in Mrs. Kaiser's tissues? A. No. Actually the pieces that were
15 16 17	"vaginal mesh." It has to actually to be appropriately oriented. Q. Do you know what brand-new Prolift	15 16 17	erosion in Mrs. Kaiser's tissues? A. No. Actually the pieces that were sent to me and that were actually also evaluated
15 16 17 18	"vaginal mesh." It has to actually to be appropriately oriented. Q. Do you know what brand-new Prolift mesh looks like?	15 16 17 18	erosion in Mrs. Kaiser's tissues? A. No. Actually the pieces that were sent to me and that were actually also evaluated by Dr. Iakovlev did not have vaginal mucosa.
15 16 17 18 19	"vaginal mesh." It has to actually to be appropriately oriented. Q. Do you know what brand-new Prolift mesh looks like? A. If I know how it looks like?	15 16 17 18 19	erosion in Mrs. Kaiser's tissues? A. No. Actually the pieces that were sent to me and that were actually also evaluated by Dr. Iakovlev did not have vaginal mucosa. Q. Okay. Did you see any evidence of
15 16 17 18 19 20	"vaginal mesh." It has to actually to be appropriately oriented. Q. Do you know what brand-new Prolift mesh looks like? A. If I know how it looks like? Q. Do you know what it looks like, yes.	15 16 17 18 19 20	erosion in Mrs. Kaiser's tissues? A. No. Actually the pieces that were sent to me and that were actually also evaluated by Dr. Iakovlev did not have vaginal mucosa. Q. Okay. Did you see any evidence of vaginal atrophy?
15 16 17 18 19 20 21	"vaginal mesh." It has to actually to be appropriately oriented. Q. Do you know what brand-new Prolift mesh looks like? A. If I know how it looks like? Q. Do you know what it looks like, yes. A. The Prolift, yes, I've seen it. I've	15 16 17 18 19 20 21	erosion in Mrs. Kaiser's tissues? A. No. Actually the pieces that were sent to me and that were actually also evaluated by Dr. Iakovlev did not have vaginal mucosa. Q. Okay. Did you see any evidence of vaginal atrophy? A. Well, again, since it doesn't have
15 16 17 18 19 20 21 22	"vaginal mesh." It has to actually to be appropriately oriented. Q. Do you know what brand-new Prolift mesh looks like? A. If I know how it looks like? Q. Do you know what it looks like, yes. A. The Prolift, yes, I've seen it. I've seen	15 16 17 18 19 20 21 22	erosion in Mrs. Kaiser's tissues? A. No. Actually the pieces that were sent to me and that were actually also evaluated by Dr. Iakovlev did not have vaginal mucosa. Q. Okay. Did you see any evidence of vaginal atrophy? A. Well, again, since it doesn't have epithelium, there's no way to assess atrophy.
15 16 17 18 19 20 21 22 23	"vaginal mesh." It has to actually to be appropriately oriented. Q. Do you know what brand-new Prolift mesh looks like? A. If I know how it looks like? Q. Do you know what it looks like, yes. A. The Prolift, yes, I've seen it. I've seen Q. Have you felt it?	15 16 17 18 19 20 21 22 23	erosion in Mrs. Kaiser's tissues? A. No. Actually the pieces that were sent to me and that were actually also evaluated by Dr. Iakovlev did not have vaginal mucosa. Q. Okay. Did you see any evidence of vaginal atrophy? A. Well, again, since it doesn't have epithelium, there's no way to assess atrophy. Q. Would you have expected the mesh
15 16 17 18 19 20 21 22	"vaginal mesh." It has to actually to be appropriately oriented. Q. Do you know what brand-new Prolift mesh looks like? A. If I know how it looks like? Q. Do you know what it looks like, yes. A. The Prolift, yes, I've seen it. I've seen	15 16 17 18 19 20 21 22	erosion in Mrs. Kaiser's tissues? A. No. Actually the pieces that were sent to me and that were actually also evaluated by Dr. Iakovlev did not have vaginal mucosa. Q. Okay. Did you see any evidence of vaginal atrophy? A. Well, again, since it doesn't have epithelium, there's no way to assess atrophy.

23 (Pages 86 to 89)

	Page 90		Page 92
1	Q. I see. Okay.	1	about, absolutely.
2	Is it true that the presence of nerves	2	Q. What's he right about?
3	can cause pain?	3	A. He's right about the inflammation.
4	A. Well, depends. You know, the presence	4	He's right about what constitutes inflammation
5	of nerves can cause pain, can cause pressure,	5	in this case. He's right about that there's
6	can cause touch sensitivity, can cause	6	fibrosis present in this cases. So all that
7	temperature, you know, perceptions. You know,	7	he's right about.
8	nerves come you know, functional nerves have	8	And that he highlights nerves, and
9	a lot of different functions basically.	9	those are truly nerves. What he's wrong about
10	Q. Sure.	10	those nerves is what function those nerves, you
11	You saw in regard to these tissue	11	know, fulfill.
12	samples of Mrs. Kaiser, you saw nerves	12	MR. PLOUFF: Okay. Well, you know, I
13	in-between mesh fibers, is that right?	13	suppose I should think of more general questions
14	A. Correct.	14	to ask in my five minutes, but I'm actually
15	Q. Can those nerves have caused pain?	15	finished. Thank you.
16	A. There's no way to know. We don't know	16	MR. COMBS: Sounds good. All right.
17	what those nerves do. We don't know if they're	17	Let's take a break for a second, and then I'm
18	pain fibers.	18	going to have some very brief redirect. It will
19	Q. Is there anything but are nerves a	19	be less than ten minutes, Tom.
20	possible cause of pain?	20	MR. PLOUFF: Okay.
21	A. Yeah, nerves can be a possible cause	21	(Whereupon, a recess was taken from
22	of pain, yes.	22	12:54 p.m. to 1:03 p.m.)
23	Q. Other than the nerves being a possible	23	CROSS EXAMINATION
24	cause of pain in the tissue samples that you	24	BY MR. COMBS:
25	saw, can you identify anything else as a	25	Q. Dr. Abadi, I'm going to ask you a few
	Page 91		Page 93
1	potential cause of pain?	1	questions regarding the Kaiser case. First, I
2	A. Yes. If the surgeon in this case,	2	want to ask you a question about Exhibit 2.
3	Dr. Johnson, would have sent tissues from the	3	Mr. Plouff asked you some questions about Figure
4	epithelium, I could have, you know, identified	4	3 on that. And did you stain strike that.
5	if she had atrophy, an erosion, ulceration, and	5	What is Figure 3?
6	if there are other changes in the tissue such as	6	MR. PLOUFF: I'm sorry, I missed
7	an infection or acute inflammation, but I did	7	are we talking about her Figure 3, or
8	not see any of that in Ms. Kaiser.	8	Iakovlev's?
9	Q. Okay. All the opinions you've stated	9	MR. COMBS: We're on Exhibit 2, which
10	today, and they're stated in your report, are to	10	is her four photomicrographs, and then Figure 3
11	a reasonable degree of medical certainty, is	11	of those.
12	that correct?	12	MR. PLOUFF: Great.
13	A. Yes, that is correct.	13	BY MR. COMBS:
14	Q. Is it possible to be 100 percent	14	Q. So, Dr. Abadi, is this a slide that
15	certain about your opinions?	15	you made?
16	A. I am 100 percent certain of my	16	A. Yes, it is.
17	opinions, sir, yes, in this case.	17	Q. And you then stained it with PAS?
18	Q. Okay. You have indicated today and in	18	A. Yes, I did. I stained
19	your report how Dr. Iakovlev is wrong in a	19	Q. What is PAS?
20	number of ways, is that right?	20	A. PAS is a stain called periodic
	A 37	21	acid-Schiff stain, and it's a stain that is used
21	A. Yes, that is correct.		
21 22	Q. Is there anything that you think	22	for protein, and especially for glycoprotein.
21 22 23	Q. Is there anything that you think Dr. Iakovlev is right about in connection with	23	Q. And is there pink staining on features
21 22	Q. Is there anything that you think		

24 (Pages 90 to 93)

A. Yes. I wanted to illustrate that that couter layer that Dr. Iakovlev refers to as barden the tissue. Q. And does the process of fixation also contain protein, because otherwise it would not be stained. Q. All right. Thank you. Dr. Abadi, you were asked a number of questions regarding Dr. Iakovlev's conclusion that there is a layer of degradation, I want to ask you a follow-up question on that. Did you review the sides and photomicrographs provided by Dr. Iakovlev' A. Yes. I did. Q. And did you review the tissue that is in approximation to the layer that Dr. Iakovlev claims is the degradation layer? A. Yes. Q. Did that tissue show any adverse Q. Did that tissue show any adverse bistological infidings? A. No, there's no there are no there's no difference in the areas that do not have it. In other words, there is no associated inflammation, there is no necrosis, there is no apoptosis, nothing that indicates anything different in relation to that layer from the rest of the specimen. Q. And so the Ms. Kaiser's tissue response is the same in regard to sections of the mesh where Dr. Iakovlev claims there's a degradation layer and sections of the mesh where be cannot see a layer he claims is a degradation layer and sections of the mesh where declayer from areas that do not have it. Q. Dr. Abadi, you were asked a number of questions about whether the mesh felt stiff to you. Was all of the mesh that was provided to you have all of the mesh that was provided to you have all of the mesh that was provided to you have all of the mesh that was provided to you have all of the mesh that was provided to you have all of the mesh that was provided to you have all of the mesh that was provided to you have all of the mesh that was provided to you have all of the mesh that was provided to you have all of the mesh that was provided to you have all of the mesh that was provided to you have all of the mesh that was provided to you have all of the mesh that was provided to you have all of the mesh that was provided to you hav		Page 94		Page 96
2 Outer layer that Dr. Iakovlev refers to as 3 "bark" is actually stains with periodic 4 acid-Schiff, so that means that it has to 5 contain protein, because otherwise it would not be stained. 7 Q. All right. Thank you. 8 Dr. Abadi, you were asked a number of questions regarding Dr. Iakovlev's conclusion that there is a layer of degradation. I want to ask you a follow-up question on that. 11 aby the provided by Dr. Iakovlev? 12 A. Yes, I did. 13 photomicrographs provided by Dr. Iakovlev? 14 A. Yes, I did. 15 Q. And did you review the tissue that is 16 in approximation to the layer that Dr. Iakovlev 17 claims is the degradation layer? 18 A. Yes. 20 histological findings? 21 A. No, there's no — there are no — 22 there's no difference in the areas that have 18 that outer layer from areas that do not have it. 21 a cute inflammation other than chronic, there is no 22 a cute inflammation other than chronic, there is no 23 different in relation to that layer from the 24 response is the same in regard to sections of the mesh where Dr. Iakovlev claims there's a degradation layer and sections of the mesh where br. Iakovlev claims there's a degradation layer and sections of the mesh where br. Iakovlev claims there's a degradation layer and sections of the mesh where br. Iakovlev claims there's a degradation layer and sections of the mesh where br. Iakovlev claims there's a degradation layer and sections of the mesh where the mesh felt stiff to you. Was all of the mesh that have than this case or any other case mesh that had been preserved in formalin. 24 Q. Dr. Abadi, you were asked some questions about where the mesh felt stiff to you. Was all of the mesh thate the mesh felt stiff to you. Was all of the mesh thate of the specimen of the sissues heads of the mesh where br. Iakovlev claims there's a degradation layer and sections of the mesh where the mesh felt stiff to you. Was all of the mesh thate of the protection of the surgeon has to gestions of the mesh where the mesh felt stiff to you. Was all of the mesh thate th	1	A. Yes. I wanted to illustrate that that	1	basically just preserve the tissue.
Tark Sactually stains with periodic a cid-Schiff, so that means that it has to 5 Contain protein, because otherwise it would not 5 Formalin basically is a chemical that causes 5 Contain protein, because otherwise it would not 5 Formalin basically is a chemical that causes 6 Formalin ba				
acid-Schiff, so that means that it has to contain protein, because otherwise it would not be stained. Q. All right. Thank you. Dr. Abadi, you were asked a number of questions regarding Dr. Iakovlev's conclusion that there is a layer of degradation. I want to ask you a follow-up question on that. Dr. Jakovlev's photomicrographs and BK2, BK3, BK4 where he has drawn his lines that he claims represent folding. A. Yes, I did.				
5 contain protein, because otherwise it would not 6 be stained. 7 Q. All right. Thank you. 8 Dr. Abadi, you were asked a number of 9 questions regarding Dr. Iakovlev's conclusion 10 that there is a layer of degradation. I want to 11 ask you a follow-up question on that. 12 Did you review the slides and 13 photomicrographs provided by Dr. Iakovlev? 14 A. Yes, I did. 15 Q. And did you review the tissue that is 16 in approximation to the layer that Dr. Iakovlev 17 claims is the degradation layer? 18 A. Yes. 19 Q. Did that tissue show any adverse 19 histological findings? 20 histological findings? 21 A. No, there's no - there are no - 22 there's no difference in the areas that have 23 that outer layer from areas that do not have it. 24 In other words, there is no associated 25 inflammation other than chronic, there is no apoptosis, nothing that indicates anything 26 different in relation to that layer from the 27 response is the same in regard to sections of 28 the mesh where Dr. Iakovlev claims there's a 29 degradation layer and sections of the mesh where br. Iakovlev claims there's a 30 degradation layer and sections of the mesh where br. Iakovlev claims there's a 40 degradation layer and sections of the mesh where he cannot see a layer he claims is a degradation layer and sections of the mesh where here here here here here has drawn his lines that he claims represent folding. Now, is there a methodology that pathologists use to orient tissue to denominate the specimen was positioned in vivo, the surgeon has to give us all the guideine basically. So what the guideine basically. So what the different areas as to where exactly that tissue to a cardboard and then proceeds to mark the different areas as to where exactly that tissue to a cardboard and then proceeds to mark the different areas as to where exactly that tissue to a cardboard and then proceeds to mark the different areas as to where exactly that tissue to a cardboard and then proceeds to mark the different areas as to where exactly that tissue to demonst				
be stained. Q. All right. Thank you. By Dr. Abadi, you were asked a number of questions regarding Dr. Iakovlev's conclusion that there is a layer of degradation. I want to ask you a follow-up question on that. Dr. Abadi, you were asked a number of questions regarding Dr. Iakovlev's conclusion that there is a layer of degradation ask you a follow-up question on that. Dr. Abadi, you were asked a number of questions regarding Dr. Iakovlev's conclusion that there is a layer of degradation ask you a follow-up question on that. Dr. Abadi, you were asked a number of questions regarding Dr. Iakovlev's photomicrographs at BK2, BK3, BK4 where he has drawn his lines that he claims represent folding. Now, is there a methodology that pathologists use to orient tissue to demonstrate where that tissue was in vivo? A. Yes. I all all all all all all all all all a				
O. All right. Thank you. Dr. Abadi, you were asked a number of guestions regarding Dr. Iakovlev's conclusion that there is a layer of degradation. I want to ask you a pulsetion about that there is a layer of degradation. I want to ask you a question about that there is a layer of degradation. I want to ask you a question about that there is a layer of degradation. I want to ask you a question about that there is a layer of degradation. I want to ask you a question about the tissues. Q. I want to ask you a question about the tissue show a question about the part that to ask you a question about the tissue show a question about the part that to ask you a question about the part that to ask you a question about the part that to ask you a question about the part to a construct the part to				
Dr. Abadi, you were asked a number of questions regarding Dr. Iakovlev's conclusion 10 that there is a layer of degradation. I want to 21 Did you review the slides and 21 photomicrographs provided by Dr. Iakovlev? 21 A. Yes, I did. 21 A. Yes, I did. 21 Did you review the tissue that is 15 in approximation to the layer that Dr. Iakovlev 21 A. Yes, I did. 21 A. Yes. Manual of the layer that Dr. Iakovlev 21 A. Yes. Manual of the mesh that a 22 there's no difference in the areas that have 22 that outer layer from areas that do not have it. 23 inflammation other than chronic, there is no ascotiated 24 in other words, there is no ascotiated 25 inflammation, there is no necrosis, there 26 is no apoptosis, nothing that indicates anything 31 different in relation to that layer from the 27 the ensh where Dr. Iakovlev's and the part of the mesh where Dr. Iakovlev and the part of the mesh where Dr. Iakovlev and the part of the mesh where Dr. Iakovlev and the part of the mesh where Dr. Iakovlev and the part of the mesh where Dr. Iakovlev and the part of the mesh where Dr. Iakovlev and the part of the mesh where Dr. Iakovlev and the part of the mesh of the mesh where Dr. Iakovlev and the part of the mesh where Dr. Iakovlev and the part of the mesh of the mesh where Dr. Iakovlev and the part of the mesh where Dr. Iakovlev claims in approximation to the layer from the 22 there's no difference between areas that show that outer and the part of the par				
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25 autolysis in the tissue, put a stop to it, so it 25 anything about that. And, in fact, the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	is no apoptosis, nothing that indicates anything different in relation to that layer from the rest of the specimen. Q. And so the Ms. Kaiser's tissue response is the same in regard to sections of the mesh where Dr. Iakovlev claims there's a degradation layer and sections of the mesh where he cannot see a layer he claims is a degradation layer? A. That is correct, there is no difference between areas that show that outer surface layer from areas that do not have it. Q. Dr. Abadi, you were asked some questions about whether the mesh felt stiff to you. Was all of the mesh that was provided to you in this case or any other case mesh that had been preserved in formalin? A. Yes. Ms. Kaiser's tissues were preserved in formalin. I received them in formalin. Q. And what's the purpose of formalin?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	was, anterior, posterior, medial, lateral, inferior, superior. If they don't use a cardboard, they can use other means of orientation such as sutures; you know, for example, one suture for superior, two for inferior, and so on, or staples. So those are the in order for a pathologist to be absolutely certain and that this tissue is the way it is located in the human body is the assistance of the surgeon and all the guidelines. Q. And you reviewed the pathology report and the specimen in this case? A. Yes, I did. Q. Had any of that methodology been followed for this specimen? A. No, it wasn't followed. The surgeon did not orient the specimens. Q. And if the surgeon has not oriented the specimen, how does that impact the pathologist's ability to make an after-the-fact orientation?
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25 (Pages 94 to 97)

Page 98 Page 100 1 1 orientation of the specimen and the way the would have to do to tell you that? 2 2 specimen looks changes through the processing, A. Yeah. In order to establish the 3 3 because not only you cut the specimen, but also position of the mesh in the tissues, or even the 4 4 you place it into a cassette, and it can be shape of the mesh in the tissues, then the 5 5 placed in, you know, upside down or whatever surgeon has to guide the pathologist in that 6 6 arbitrary position that the technologist is regard. Because when they excise the mesh --7 7 putting it into the cassette. So once you have Q. Okay. 8 an orientation, there is no way to put it back 8 A. Excuse me, I was trying to explain. 9 9 When you excise -- when the surgeons 10 10 excise the mesh they're pulling the mesh out. Q. Dr. Abadi, I want to ask you a 11 11 question now about Dr. Iakovlev's conclusions So the way it comes folded, if it comes folded, 12 that the mesh impacted Ms. Kaiser's urinary 12 it has nothing to do with the way it was 13 13 symptoms. positioned in vivo, because obviously they are 14 14 Now, what would the methodology be pulling, they're tugging, they are cutting with 15 that a pathologist would have to follow to make 15 scissors, they're cutting with cautery. So the 16 16 a determination about whether histological mesh is being subjected to a lot of 17 findings impacted clinical symptoms regarding 17 manipulation. 18 18 the patient's urinary symptoms? So if the surgeon is truly interested 19 A. Okay. So urinary symptoms -- there 19 in telling the pathologist, or it's important in 20 are certain urinary symptoms that cannot be 20 that sense to give that information to the 21 21 evaluated with pathology. What pathology can do pathologist so the pathologist can put it 22 22 together, then the specimen has to come down in for the urinary symptoms is if you have tissue 2.3 23 from the bladder itself, if you have urothelium, a different way. It cannot come in three 24 transition epithelium, you can assess the degree 24 regular pieces, and then you try to put Humpty 25 of inflammation in that tissue, you can assess, 25 Dumpty together, it doesn't work that way. Page 99 Page 101 1 you know, the status of the epithelium in the 1 The surgeon needs to give orientation, 2 bladder. But, you know, in this case there was 2 he needs to position the mesh exactly how it was 3 no submission of anything from the bladder, so 3 in a cardboard designated correctly; otherwise, 4 there is no way to assess any urinary symptoms 4 everything that you do with that tissue, you 5 pertaining to these tissues. 5 know, whatever orientation you give to it is 6 6 Q. There are no histological findings in speculative, because you really don't know what 7 7 any of the slides or specimen that would allow a is right, what is left, how is it curved, is it 8 8 pathologist to draw that conclusion? anterior, is it posterior. You understand what 9 A. Correct, there is no way to correlate 9 I mean? It's all speculation. 10 Q. So you've now explained the 10 urinary symptoms with anything that we find in 11 these tissues. 11 methodology that a pathologist would have to 12 follow to come to some conclusion about the 12 MR. COMBS: Dr. Abadi, thank you. 13 Tom, that is all the questions that I 13 position of the mesh in the tissue or the shape 14 have. 14 of the mesh, correct? 15 15 A. Correct, yes. Do you have redirect? MR. PLOUFF: I do. 16 Q. All right. And you've also explained 16 17 REDIRECT EXAMINATION a methodology for how to determine if the 17 18 BY MR. PLOUFF: 18 urinary symptoms were related to the mesh, is 19 19 Q. Doctor, there were two areas that I that correct? 20 heard on the issue of methodology. One had to 20 A. Right. In a situation like this, you 21 21 do with the methodology used to determine the can only tell what, you know, what you see in orientation of the mesh to -- let's see, it had 22 22 that mesh, but you cannot correlate it with 23 to do with the -- whether the mesh was folded in 23 urinary symptoms. 24 the tissue, is that right, or how you'd have to 24 Q. Okay. And did this methodology that

26 (Pages 98 to 101)

you're referring to, I mean, is this something

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be able -- what kind of -- what the surgeon

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Page 102 Page 104 that you learned back when you were doing your 1 1 going to evaluate, because I, as I said, I 2 2 residency in pathology? didn't have that information. Why should I 3 3 A. Yeah, that's correct. You learn that include it in my report? 4 4 when you learn how to process specimens --MR. PLOUFF: Move to strike as 5 5 Q. So obviously the -non-responsive. 6 6 A. -- so all pathologists follow that. BY MR. PLOUFF: 7 7 I'm sorry. Yes? Q. Doctor, this simply involves you 8 8 Q. So obviously at the time that you reading from your report, and if you say there's 9 9 issued this report in March, 2016 in nothing in your report that says it, I'll accept 10 Mrs. Kaiser's case, you knew about the 10 that as an answer. 11 11 methodology, correct? But my question is, read from your 12 12 A. Oh, yes, I do it in my practice all report anything that you have to say about what 13 13 the time. the proper methodology is that needs to be 14 14 followed in order to determine whether urinary Q. And yet there's nothing in your 15 written report about Mrs. Kaiser that criticizes 15 symptoms are related to mesh. 16 16 on the basis you just had, the methodology A. I did not include the protocol that we 17 employed by Dr. Iakovlev regarding the urinary 17 follow in pathology to properly orient the 18 18 specimen, no, I did not include that. symptoms or the position of the mesh in the 19 tissue, correct? 19 MR. COMBS: Dr. Abadi, he's asking you 20 MR. COMBS: Object to form. 20 the urinary symptoms, not the --21 21 A. Well, first of all, regarding the A. Oh, the urinary symptoms have nothing 22 22 urinary symptoms, I have a portion in my report to do with the orientation, with the methodology 23 23 that talks about that. I said "Urinary of the orientation. 24 symptoms. Ms. Kaiser complains of bladder spasm 24 MR. COMBS: Tom, you guys are speaking 25 and urinary frequency, which Dr. Iakovlev claims 25 past each other, so maybe you can ask the Page 103 Page 105 1 1 is a result of damaged neuroganglion. There is question again. 2 no reliable evidence that the neuroganglion 2 A. Oh, sorry. I will let you speak 3 present in Ms. Kaiser vaginal specimen has any 3 4 relationship with her urinary symptoms. During 4 BY MR. PLOUFF: 5 mesh excision, Ms. Kaiser's urinary bladder was 5 Q. Okay. Well, there were -- in the 6 found to be normal." So that is a paragraph in 6 questions that Ethicon's counsel just asked you, 7 7 my report that pertains to urinary symptoms. you explained methodology in two areas, as I 8 8 Regarding the folding of the mesh, I understood it. One was the methodology that 9 said "The mesh photographs only show mesh fibers 9 would have to be followed to determine if within fibrous tissues. These photographs have 10 10 urinary symptoms were related to the mesh, is 11 been purposely and selectively modified in an 11 that correct? attempt to show the most likely orientation of 12 MR. COMBS: Object to form. 12 13 mesh layers. Neither one of these pictures 13 A. I think there were -- I think we're 14 demonstrate how the mesh was actually positioned 14 confused about two different issues here. One 15 in the patient." So I did talk about it in my 15 is the correlation of urinary symptoms with the 16 16 findings in this tissue. That's one thing. report. 17 17 Q. Okay. Well, if you would, read for me The other one, which is separate, is 18 in your report where you explain the methodology 18 how -- the protocol that is used in order to 19 that would need to be followed in order to 19 orient the specimen and to know how that 20 determine whether urinary symptoms were related 20 specimen -- if it was folded, or how it was 21 21 to the mesh. Read to me that part, please. positioned in vivo. 22 A. Well, first of all, as I said, this 22 So those are two different things. 23 methodology has nothing to do with urinary 23 I'm not overlapping them. I'm basically 24 symptoms. This methodology has to do with the 24 answering two different questions. 25 25 position of the mesh in vivo, which I was not BY MR. PLOUFF:

27 (Pages 102 to 105)

Page 106 Page 108 Q. And I'm trying to ask two different 1 how long you think you're going to take, because 1 2 2 questions. if you're going to take --3 3 MR. PLOUFF: Well, I don't -- I think A. Okay. So --4 4 Q. And the first one -- and I want to do I have -- you know, I mean, I think I've got 5 5 this -- do it the two ways that I heard Ethicon five minutes, ten minutes maybe. I don't know. 6 6 counsel do it. One area is urinary symptoms MR. COMBS: Well, okay. Ms. Court 7 7 that I want to go into now, and the other area Reporter --8 has to do with the orientation of the mesh. 8 MR. PLOUFF: I mean, probably a 9 9 So as to the urinary, you went through comparable amount of time that you -- whatever 10 with counsel your explanation of the methodology 10 time you took, it's probably going to be 11 11 that would have to be followed in order to comparable to that. 12 MR. COMBS: How long has Mr. Plouff 12 determine if urinary symptoms were related to 13 13 the mesh. Is that accurate or not? taken? 14 14 MR. COMBS: Object to form. MR. PLOUFF: Well, we're not going to 15 15 A. Okay. So in terms of urinary include all this colloquy, and your objection 16 16 symptoms, it's not that there's a methodology time and all that, so... 17 17 about urinary symptoms. What the urinary (Off the record discussion.) 18 18 MR. COMBS: Ms. Court Reporter, I just symptoms -- in order to assess urinary symptoms, 19 what it entails, you need to have bladder in a 19 want to place on the record that we have had an 20 particular case such as this, which we don't 20 extensive colloquy off the record, and in that 21 21 have. So it's not that there's no methodology, colloguy I've pointed out to Mr. Plouff that he 22 22 it's just that we don't have that tissue here. is past his two hours for this deposition. I'm 23 23 BY MR. PLOUFF: going to permit him some additional time. Right 24 Q. All right. 24 now he's at two hours and four minutes. I told 25 A. So obviously cannot be assessed. 25 him I'd give him five more minutes. Page 107 Page 109 1 That's what I meant by urinary symptoms. 1 And Mr. Plouff has asked that you --2 MR. PLOUFF: I'm going to need to have 2 that the court reporter, you, search for a 3 the reporter go back during Ethicon counsel's 3 methodology question, and so, you know, please 4 questioning and search for the word methodology, 4 do that search, and then after you have done 5 and I want the -- we're going to start from the 5 that search, then we'll go back on the record. 6 6 end, the last time that methodology was used in But it is my position that at the end 7 7 a question before I started my questioning. If of five minutes, I'm going to be done with the 8 8 you could read that to me, please. questioning in this case. 9 MR. COMBS: Okay. And, Tom, also 9 MR. PLOUFF: And my response is that I 10 10 you're out of time. I mean, if you want to identified the three areas that you went into in 11 follow up --11 your examination that I'm looking to respond to, and that I think it can be a very short 12 12 MR. PLOUFF: I'm not out of time when 13 you conduct an examination and I need follow-up. 13 examination if the witness is directly 14 MR. COMBS: Yes, you are out of time. 14 responsive. 15 Your time is cumulative of both your direct and 15 MR. COMBS: So if you could do that your redirect, so you are out of time. 16 search now, please. 16 17 17 Now, if you want to follow up on this, (Whereupon, the reporter read back the 18 I'm going to let you, but I'm just telling you, 18 requested question.) you've used your two hours. 19 MR. PLOUFF: We're back on the record 19 20 MR. PLOUFF: All right. Well, I'm 20 then. 21 21 going to keep asking questions as follow-up, and BY MR. PLOUFF: if you want to terminate the deposition, then we 22 22 Q. Doctor, you were asked a question 23 can get Judge Eifert on the phone again. 23 about what the methodology was for a pathologist 24 MR. COMBS: Okay. Well, if you're 24 to determine if histological findings in past 25 25 going to -- why don't you give me an estimate of clinical symptoms regarding a patient's urinary

28 (Pages 106 to 109)

symptoms, right? A. That is correct. Q. And you explaimed that methodology, correct? A. I did. Q. And that methodology - can you read anything from your report on Mrs. Kaiser's case where you explained that methodology? A. No. Q. All right. Can you read anything from your report on white was been seen to circle it. it's actually highlighted by your eport - you also were asked questions regarding the methodology use were asked questions regarding the methodology use were asked questions or read from your report where you explain that methodology that's used by a pathologist to orient tissue to mesh, correct? A. Yes, to orient and the methodology that's used by a pathologist to orient tissue to mesh? A. No, I did not explain the methodology because I didn't - you know, fim a pathologist. I don't need to explain all the methodology for orientation. Q. All right. Now, you said that in looking at Figure 20 of Dr. Iakovlev's report. Page 111 and that's Page 29, do you see areas of inflammation near the area that's labeled picture, is that correct? A. Yes, I don't see any inflammation. There's no inflammation batk'? A. Yes, I don't see any inflammation. Q. Os again, the pictures in the - the Figure 20 picture, on you see osigns of liftoniss? A. Fibrosis I do see, but I do not see any inflammation in that picture, is that correct? A. Yes. A. Yes. Q. All right. With regard to Figure 3 in your report A. Yes. Q. All right. With regard to Figure 3 in your report A. Yes. Q. All right. With regard to Figure 3 in your report A. Yes. Q. All right. With regard to Figure 3 in your report A. Yes. Q. All right. With regard to Figure 3 in your report A. Yes. A. Yes. I don't see any inflammation in that picture, is that correct? A. Fibrosis I do see, but I do not see any inflammation in that picture, is that correct? A. Yes. I don't see any inflammation in that picture, is that correct? A. Correct. Q. You see no you see ose signs of liftonise? A. Fibrosis I do see, but I do not see any inflammation in that pictur		Page 110		Page 112
A. That is correct. A. And you explained that methodology, correct? A. I did. Q. And that methodology - can you read anything from your report on Mrs. Kaiser's case where you explained that methodology? A. No. Q. All right. Can you read anything from your report - can you feat grading the methodology used by a pathologist to orient tissue to mesh, correct? A. Yes, to orient any specimen, not just nesh doology that's used by a pathologist or read from your report where you explain that methodology that's used by a pathologist or read from your report where you explain that methodology that's used by a pathologist or read from your report where you explain that methodology that's used by a pathologist or orient tissue to mesh.? A. No, I did not explain the methodology a pathologist or reduction. Q. Can you point to anywhere can you read anything from your report where you explain that methodology that's used by a pathologist or orientation. Q. Can you point to anywhere can you read anything from your report where you explain that methodology that's used by a pathologist to orient tissue to mesh.? A. No, I did not explain the methodology a pathologist or reduction. Q. All right. Now, you said that in looking at Figure 20 of Dr. lakovlev's report. 11 and that's Page 29, do you see areas of inflammation near the area that's labeled inflammation near the area that's labeled picture, is that correct? A. Yes, I don't see any inflammation in that picture, is that correct? A. Correct. Q. You see no you see signs of inflammation in that picture, is that correct? A. Fibrosis I do see, but I do not see any inflammation. Q. All right. With regard to Figure 3 in your report in this Figure 3, is that right? A. Fibrosis I do see, but I do not see any inflammation. Q. A. Correct. Q. You see no you see signs of inflammation in that picture, is that correct? A. Fibrosis I do see, but I do not see any inflammation. Q. A. Correct. Q. You see no you see signs of inflammation in that picture, i	1	symptoms, right?	1	it does stain with that, which means that it has
Q. And you explained that methodology, correct? A. I did. Q. And that methodology can you read anything from your report on Mrs. Kaiser's case where you explained that methodology? A. No. Q. All right. Can you read anything from your report you also were asked questions regarding the methodology used by a pathologist to orient tissue to mesh, correct? It was to orient tissue to mesh, correct? Q. Can you point to anywhere can you read from your report where you explain that methodology that's used by a pathologist to orient tissue to mesh? Q. Can you point to anywhere can you read from your report where you explain that methodology that's used by a pathologist to orient tissue to mesh? A. No, I did not explain the methodology or orient tissue to mesh? A. No, I did not explain the methodology for orient tissue to desplain all the methodology for orient tissue to explain all the methodology for orient tissue to explain all the methodology for orient tissue to mesh? A. No, I did not explain all the methodology for orient tissue to mesh? A. Orient tissue to mesh? A. Orient tissue to mesh? A. Ves. I don't see any inflammation. Q. All right. Now, you said that in orient from your report where you explain that methodology for orient methodology for orient tissue to mesh? A. Yes, I don't see any inflammation. A. Frame that you believe that's labeled inflammation. A. Yes, I don't see any inflammation. A. Frame that you believe that's an example of that you believe to circle it, risk actually highly by a blue arrow in my figure. Do you see that's an example of that you believe to rice that's an example of th				
4 correct? 5 A. I did. 6 Q. And that methodology - can you read anything from your report on Mrs. Kaiser's case where you explained that methodology? 9 A. No. 10 Q. All right. Can you read anything from your report - you also were asked questions registring the methodology used by a pathologist to orient tissue to mesh, correct? 13 to orient tissue to mesh, correct? 14 A. Yes, to orient any specimen, not just and that in its saw to mesh? 15 mesh. 16 Q. Can you point to anywhere can you read from your report where you explain that methodology that's used by a pathologist to orient insue to mesh? 16 orient tissue to mesh? 17 read from your report where you explain that methodology that's used by a pathologist to orient insue to mesh? 20 A. No. I did not explain the methodology because I didn't - you know, I'm a pathologist to orientation. 21 don't need to explain all the methodology for orientation. 22 looking at Figure 20 of Dr. lakovlev's report. 23 and that's Page 29, do you see areas of inflammation near the area that's labeled any inflammation mear the area that's labeled any inflammation. 24 A. Yes, I don't see any inflammation in that picture, is that correct? 25 A. Fibrosis I do see, but I do not see any inflammation. 26 Q. So again, the pictures in the the picture, you see no sign of inflammation in that picture, is that correct? 27 A. Yes. 28 A. Yes, I don't see any inflammation in that picture, is that correct? 29 A. Fibrosis I do see, but I do not see any inflammation. 30 Q. Oa gain, the pictures on Page 29, the very top picture, you see no signs of inflammation in that picture, is that correct? 31 A. Fibrosis I do see, but I do not see any inflammation. 32 A. Fibrosis? 33 A. Fibrosis? 34 A. Yes, Ull right. Thank you. 35 A. Fibrosis? 36 A. Yes, Ed. Thank it is all the question and that I an not a set that's an example of - that you believe represents protein. 36 A. Correct. 37 A. Correct. 38 A. Correct. 39 A. Correct. 40 A. Correct. 41 A. Correct. 42 A. Yes, Ed. Thank it is all the question and				
5 A. I did. 6 Q. And that methodology — can you read 7 anything from your report on Mrs. Kaiser's case 8 where you explained that methodology? 9 A. No. 10 Q. All right. Can you read anything from 11 your report — you also were asked questions 12 regarding the methodology used by a pathologist 13 to orient tissue to mesh, correct? 14 A. Yes, to orient any specimen, not just 15 mesh. 16 Q. Can you point to anywhere — can you 17 read from your report where you explain that 18 methodology that's used by a pathologist to 18 orient tissue to mesh? 19 orient tissue to mesh? 20 A. No, I did not explain the methodology 21 because I didn't — you know, I'm a pathologist. 22 I don't need to explain all the methodology for 23 orientation. 24 Q. All right. Now, you said that in 25 looking at Figure 20 of Dr. Iakovlev's report. 26 There is no inflammation. 27 Fage 111 28 and that's Page 29, do you see areas of 29 inflammation near the area that's labeled 30 There is no inflammation. 4 A. Yes, I don't see any inflammation. 5 There's no inflammation. 6 Q. So again, the pictures in the — the 7 Figure 20 pictures on Page 29, the very top 8 picture, you see no sign of inflammation in that 9 picture, is that correct? 10 A. Correct. 11 Q. You see no — you see signs of 12 fibrosis? 13 A. Fibrosis I do see, but I do not see 14 any inflammation. 15 Q. All right. With regard to Figure 3 in 16 you report — 16 Mathat's Page 29 is the very top 17 picture, you see no sign of inflammation in that 18 picture, you see no sign of inflammation in that 19 picture, you see no sign of inflammation in that 19 picture, you see no sign of inflammation in that 19 questions the protein in the stripting the picture is that correct? 10 A. Yes, Well, actually, I don't even erpore erpore represents protein and that the reprosent protein in this Figure 3. In with a pathologist to orient tissue to mesh? 20 A. Notary Public in and for the Estate of New 21 A. Yes, Well, actually, I don't even erpore to reprotein specification. 22 A. Correct. 23 A. Correct. 24 A				
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